QUEENSBURY AND SHELF

URBAN DISTRICT COUNCIL

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ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

(DR. R. F. O'SULLIVAN, M.B.; B.Ch.; B.A.O.; D.P.H.)

and

SANITARY INSPECTOR

(W. E. SHELLEY, M.S.I.A.)

FOR THE

YEAR ENDING 31st DECEMBER, 1954.

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Sanitary Circumstances (Contd)

QUEENSBURY & SHELF

URBAN DISTRICT COUNCIL

HEALTH COMMITTEE

(As at 31st December, 1954)

Chairman of the Council:
Councillor H. E Nichols, J.P.

Chairman:
Councillor J. H. Moore

Vice-Chairman:
Councillor Mrs. B. M. Mosey

Councillor	Ashworth A.	Councillor	Mrs. M. E. McCreath
"	Ashworth L.	"	Nichols
"	Conway	"	Pratt
"	Crowther	"	Chatburn
"	Ellis	"	Smith W. S.
"	Keeton	"	Sutcliffe
"	Harling		

HEALTH SUB-COMMITTEE:

Councillor Moore (Chairman)

Councillor Mrs. B. M. Mosey
(Vice Chairman)

The Health Committee deals with ordinary public health matters, refuse removal and disposal, public conveniences and mortuary facilities.

Other Committees dealing with matters of public health are:-

Housing and Town Planning Committee

rehousing those in need.

Waterworks Committee

water supplies throughout the area.

Sewerage and Sewage Disposal Committee

the sewering of the district and sewage disposal.

Cemetery, Recreation Grounds and Allotments Committee

the provision of cemetery facilities.

Victoria Hall Committee

the provision and maintenance of public swimming and slipper baths.

PUBLIC HEALTH STAFF

Medical Officer of Health:	R. F. O'Sullivan, M.B., B.Ch., B.A.O., D.P.H.
Sanitary Inspector:	W. E. Shelley, M.S.I.A., C.R.S.I.
Part-time Clerk:	J. S. Birkett

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The Urban District of Queensbury and Shelf forms part of Division 18 of the West Riding County Council for Local Health Authority purposes.

Divisional Medical Officer:	F. Appleton, M.B., Ch.B., D.P.H.

ANNUAL REPORT

To The Chairman and Councillors of the Queensbury and Shelf Urban District Council

Mr. Chairman, Ladies and Gentlemen,

I have much pleasure in presenting to you the Annual Report of the Medical Officer of Health for the year 1954. As you will no doubt be aware, under my terms of service I am obliged to present an annual report so that you as a Council may be kept informed of the overall picture of the health of the people in your area during the year that has passed. I am also obliged to furnish copies of this report to other interested bodies such as the West Riding County Council and the Minister of Health.

It is actually the Minister of Health who demands that you as a Council give directions for the preparation of an annual report each year by the Medical Officer of Health so that the Minister may be made aware of the state of the public health of the district. This report must be a true statement of the local conditions with an unbiased criticism of any unsatisfactory circumstances that may exist.

In our Urban District of Queensbury and Shelf part of our local health services are provided by the County Council, e.g. Maternity and Child Welfare, Health Visitor and District and Home Nursing Services, Home Helps, Ambulance Services and that wide field which includes Mental Health. Other local health services provided by the County include Welfare Services and the School Health Services.

The work of our own Health Department is carried out by Mr. W. E. Shelley, our Sanitary Inspector, a full time clerical assistant and myself. To promote the well being of the public in any area it is necessary to be ever watchful for ways in which the health of each individual has in the past been lost. Notification of infectious disease is the first step which is necessary so that the pattern of the behaviour of illness in the community can be ascertained. Certain diseases are compulsorily notifiable to the Medical Officer of Health by the medical attendant who becomes aware of them. So also are births, both live births and still births, and also death certification.

By these methods possible changes are easily seen at a glance and the work of the officials is planned to deal with each problem as it arises from receipt of the notifications. It will easily be seen that, although primarily concerned with the Health Committee, the Medical Officer and the other Health Department Officials have a very real interest in the other committees which constitute the activities of the Council. Who would not agree that housing is primarily a Health Department problem? Is not the provision of a safe and efficient water supply an essential aspect of community health; no less so sewage disposal and the provision of cemetery facilities? We as a Public Health Department, by reason of our constitution under the various Public Health Regulations, are guardians of community health and are vested with authority over all matters vital to its preservation.

Maternity and Child Welfare

In Queensbury and Shelf the West Riding County Council provide two clinics, one in Witchfield Chapel, Shelf, and one at Granby Fields in Queensbury. These are under the supervision of

Dr. F. Appleton, the Divisional Medical Officer for the West Riding. At these clinics facilities are available for routine child welfare work as well as ante-natal and post-natal care. There are two Health Visitors attached to the clinics and one District Midwife. Ante-natal relaxation exercises are carried out at these clinics and a wide range of health educational activities are dealt with.

During the year I have been able to interest the West Riding County Council in the possibility of using facilities at our Victoria Hall for maternity and child welfare purposes, as both Dr. Appleton and myself consider that the Cricket Pavilion is most unsuitable Arrangements are now in hand for the leasing of premises to the County to this end as a result of a meeting of the Sub Health Committee and a Sub Committee of the County Council. Certain alterations are necessary in the Victoria Hall before arrangements can be considered to be complete, and I am hoping for an early opening of these most desirable premises for this worthy cause.

As a start we have been able to install our own ultra violet light arrangements which the County Council Staff so generously are continuing to operate. The equipment for the artificial sunlight is being purchased by voluntary subscriptions and is being operated by nursing staff supplied by Dr. Appleton. We are most grateful for these facilities and I have no doubt whatever that the children benefited from the ultra violet light during the long winter months, when the lack of sunlight was most marked. I hope that this welfare service will be part of the regular work of the Child Welfare Service in the district for future years.

In spite of improvements in the housing conditions in Queensbury and Shelf, we are not having the increasing number of normal deliveries in their own homes. During the year there were 147 babies born in Queensbury and Shelf and only 45 were born in their own homes. In spite of the increase in the maternity grant given to mothers of babies born at home, the cost of a home confinement can be significant if all the services available to the mother are taken advantage of, including the services of general practitioner obstetrician which are now free under the National Health Service. Even the provision of a home help does not completely satisfy the mother, who may find the complete rest in hospital after the birth of the baby a great change from the chore of her domestic cares. Nevertheless, admission to hospital for confinement is arranged primarily for first babies, abnormal cases, mothers who are having their fourth or fifth or more babies and those whose home conditions are deemed as unsuitable after consultation between the District Midwife and the attendant Doctor.

Housing Progress

As will be seen from the figures given by the Housing Manager later in this report, the Council have, since 1946, erected -

36	Bungalows
84	Flats - two-bedroomed
134	Houses - two- and three-bedroomed
254	

The above figures show that we have made very good progress in Queensbury and Shelf in the number of houses which were built during the year. In view of the fact that a good home is an essential prerequisite of a healthy family, the interest of the Medical Officer of Health must be very evident in the work of the Housing Manager and the Housing Committee. I am more than grateful for the courtesy with which my advice has always been received by the House Lettings Committee. All medical certificates sent in

support of applications for rehousing are diligently scrutinised and the practitioner in question is contacted personally in any doubt so that the true state of the medical aspect can be ascertained in each case. Then, and only then, do we put their name forward for special consideration by the House Lettings Committee. The responsibility for rehousing these people must weigh heavily in the minds of each member of the House Lettings Committee and I am glad that my responsibility ends when I have acquainted you with the facts as I see them, for I would need the wisdom of Solomon to make the decisions of the House Lettings Committee when faced with the long agonising list of applicants as each new house becomes vacant. There will always be need for old folk's bungalows, not perhaps in the same proportion that we seem to be erecting at present, but less so as the years go on. I do hope that you will continue to place them in or near the centre of the village, or in amongst the established houses, so that they are not cut off from the centre of life and activity, but in amongst it, whence they can see and hear what is going on and be part of the full stream of life that is all about them. This, too, is important during the hard winters when a voluntary group of young people could call on them at intervals to attend to their wants, for many of these older folks need the occasional errand to be run and most of them are lonely and are glad of a kindly young face to call on them. I think we must have had a sufficient number of the two-bedroomed flats by now, as I have already stated last year they do not relieve a great amount of our overcrowding. The occasional four-bedroomed house is a "must". Time and time again some of our worst cases of overcrowding need a four-bedroomed house and these we have been unable to supply.

We in Queensbury and Shelf have always taken more than a kindly interest in the rehousing of people with Tuberculosis. I am proud to say that we have always given them top priority in the matter of rehousing.

What of our future housing policy?

During the past year the Minister of Housing and Local Government called upon Housing Committees to make an immediate start with the replacement of slums and the remedying of unfit houses, and we were asked to provide him with a "five year plan" to this end. We therefore set to work to review the entire housing of the area so that the best estimate could be made of the total problem and of the time it would take to deal with it. It was first necessary to assess the entire area from the point of view of -

(1) Fit houses
(2) Unfit houses which could be made fit with or without the help of grants by the Local Authority
(3) Unfit houses which could only be dealt with by Closing Orders, Demolition Orders and the wider schemes envisaged in slum clearance areas.

Two main points stand out from these preliminary surveys and these we will try to instruct our Council in during the time immediately ahead. They are, firstly, slum clearance of groups of dilapidated houses which have outlived their usefulness. People from these houses will need rehousing and therefore will take up a high proportion of new Council houses and flats available for letting. Secondly, we want property owners to modernize well built older property and to take the financial help available as grants from the Council. In this way by improvement of smaller houses in the area many of which have no bathrooms, indoor toilet or hot water system, these properties can be saved from the inevitable fate of becoming slums of the not very distant future.

In this way improvement grants and conversion grants can be made to help or ease the burden of our already overloaded housing problem.

Slum Clearance

From our surveys conducted during the past years it is obvious that we shall have to deal with groups of unfit houses as slum clearance areas, with automatic rehousing of those families involved. This is an obligatory provision of the clearance area sections of the Housing Act. This would include, first of all, the setting aside of numbers of houses to rehouse those affected by slum clearance. This would involve planning ahead so that a five year slum clearance programme automatically involves a five year building programme. To this end the Housing Committee and Health Committee must act as one and with one voice so that the legal demands of the Council whose obligation to rehouse a definite number of families at a specific time can be met.

In support of this thesis I quote from two circulars of the Ministry of Housing and Local Government, Nos. 30/54 and 75/54, dates March 1954 and December 1954.

" ... it is an essential part of the Government's housing policy that local authorities should now take up again, as a matter of urgency, the campaign of slum clearance which the war interrupted."

"The Minister has made it clear already that only local authorities whose areas include more slum houses than can be demolished and replaced in five years should take advantage of any new powers they may be given to defer demolition. Authorities whose slums can be wholly demolished and replaced within five years, given energetic application of the powers available in Parts II and III of the Act of 1936, should deal with their local problem in that way".

"He expects all local authorities to proceed as quickly as they can with the more urgent of their slum areas concurrently with the preparation of their longer term proposals".

To deal with this most urgent problem I would strongly recommend the formation of a small executive sub committee to meet and go into the matter and report back to the Council.

Food Hygiene

Perhaps no other voluntary organisation in the district is held in such high esteem as our local Guild of Food Hygiene. There can be no doubt of the good it has done in the prevention of food poisoning although only by the absence of serious food poisoning in the area can its merits be assessed. This is a rather negative way to judge an organisation such as this. It would be well nigh impossible to carry out my duties as Medical Officer of Health had I not always at hand the willing and indefatigable help of Mr. Shelley, our Sanitary Inspector. He is no fanciful theorist where public health is concerned, but a skilled worker practised in every branch of environmental hygiene.

I am deeply indebted to Dr. Appleton, the Divisional Medical Officer, who provides the Public Health Service of the West Riding County Council in Queensbury and Shelf. His kindness and keen interest in the welfare of our people, both young and old, is always evident.

I shall always be grateful to Mr. Drake, our Waterworks Manager, for the help he gave us in the management of our Paratyphoid episode last summer.

Mr. Hall, our Surveyor, Mr. Muse, our Housing Manager and Mr. Hawkes - they have all contributed to the smooth running of the Department.

Environmental Description of the Area

Area (in acres)	2,795
Population	8,910
Average number of persons per acre	3.19
Number of inhabited houses	3,492
Average number of inhabited houses per acre	1.25
Average number of persons per house	2.55
Rateable Value	£40,446
Product of penny rate	£153
Rate in the pound	26s.

The area is made up of the old Urban Districts of Queensbury and Shelf, which were amalgamated in 1937. Queensbury lies across the Bradford-Halifax Road (A.647), Shelf across Bradford-Manchester Road (A.6036), the two areas being joined by the Brighouse-Keighley Road (A.644).

The combined area is bounded on the north and east by Bradford County Borough, on the west and part of the south by Halifax County Borough, the remaining southern boundary meeting the Borough of Brighouse.

The area is mainly high and exposed, the northern tip of the district being actually named "Mountain" as it is at an altitude of some 1,200 feet above sea level. The average altitude of Queensbury is about 1,100 feet, while that of Shelf is about 850 feet. The village of Queensbury is situated on a high eminence overlooking Bradford and Halifax about midway between the two towns with extensive views in all directions, especially from Mountain. From this eminence Penyghent, Ingleborough and Whernside, forty miles away, are clearly seen in the north-west. There is probably a no more populous place at a greater elevation in England than Queensbury.

Shelf is rather less hilly, with an area of 1,303 acres and is divided into two distinct watersheds. The first includes Shelf village, Shelf Moor, and drains naturally into the stream named Woodfall Beck. The other water shed includes the hamlet of Stone Chair, Lower Shelf, and Lumb Brook, and drains naturally down to Lumb Brook, the land falling regularly from N.W. to S.E.

The exposure rating of this area by the Institute of Heating and Ventilating Engineers is "Severe", the number of degree days being about 5,500 for an internal temperature of 65°F. and external temperature of 30°F.

Rainfall is about 50 ins.

Geologically, the district has little of importance. A narrow strip of the millstone-grit which forms the main mass of the Pennine Chain crosses on the western boundary of Queensbury, the rest of the area being covered by sandstone except for an area stretching from the neck where the two areas were joined to a line running almost east-west from Stone Chair to Green Lane.

Apart from the western strip of millstone-grit already mentioned, the area lies on the Lower Coal Measure which forms the West Riding Coalfield. The Coal Measure, consisting of shales, sandstone, coal and underclays, occurs in a basinlike fold, with its axis running north-north-west to south-south-east, the whole basin having an eastward tilt. Thus the approach to the northern and western edges of the basin is marked by one seam after another, curving up to the surface and ending, until a stage is reached at which mining is uneconomical. It is on this western edge that the district lies, and there are at present no mines in operation in

the area although one mine was worked for some years in Queensbury and there are some old "Bell pits" in a restricted area at Shelf. There is practically no risk of subsidence from mining operations and little loss of amenity by reason of spoil heaps.

By far the greater loss of amenity has been caused by the working of the sandstone mentioned above, at a time when rapid but undirected growth was proceeding all over the area. From the haphazard growth of the nineteenth century has been received a legacy of narrow streets, back-to-back houses, badly placed works and ruined amenities which provides all the worst and most costly problems of modern town planning.

A certain amount of clay mining is taking place, but this, fortunately, does not impair the general amenities of the area.

Probably due to the poor soil yielded by the Coal Measures and climatic features referred to, agriculture plays little part in the life of the district, dairy farming and stock raising being the principal occupations of the farming community.

As might be expected from the situation of the district, the textile industry is the most important one in the area. Two centuries ago nearly every house had its own loom and spinning wheel, and today most families in the area have some connection with the trade. Probably Black Dyke Mills, originally built in 1835, has been the greatest single factor promoting the growth of Queensbury. Three other mills are located in Shelf. In connection with amenities, it is pleasing to note that electrification of at least one mill is in progress, a process which will no doubt reduce the amount of smoke emitted from the mill.

There are two parks in Queensbury, totalling 9.00 acres, 6.00 acres of which are for games only, a private golf course of 31.5 acres, three recreation grounds totalling 10 acres, and 7.20 acres of allotments.

There are no common lands in the area.

Just before the outbreak of war, Littlemoor Park, belonging to the Foster estate, was gifted to the Council, and is being developed as a public park. The area is 28 acres.

VITAL STATISTICS

Death Rates

In general the trend of mortality has continued to fall. Fifty years ago in England and Wales of, say 100 baby boys born, only 68 would survive to 40 years of age; nowadays between 90 and 98 of these 100 boys would survive to 40 years of age. This state of affairs has not arisen as you might be inclined to think from the "wonder drugs" and modern methods of treatment so much as from the fact that less people get disease, especially less children get the killing diseases, and furthermore less people get the killing diseases of 50 years ago because so much more prevention is practised - in housing, less overcrowding, efficient sewage disposal and safe water supply, safe milk supply and early detection. These measures which we now take so much for granted have contributed more to our present position with regard to mortality and morbidity than a host of wonder drugs.

TABLE 1

VITAL STATISTICS - DEATHS - 1954

	M	F	Total
Deaths	45	60	105

Crude death rate: 11.8 per 1,000 of estimated resident population.

Comparability factor: 0.97.

Adjusted death rate: 11.44.

Deaths from Maternal Causes:

	Deaths	Rate per 1,000 total (live & still) births
Puerperal Sepsis	-	-
Other Maternal Causes	-	-

Infant Mortality (Deaths of infants under 1 year of age):-

	M	F	Total
Legitimate	2	1	3
Illegitimate	-	-	-

Legitimate infants per 1,000 legitimate live births	20.8
All infants per 1,000 live births	20.4
Illegitimate infants per 1,000 illegitimate live births	Nil
Deaths from diseases of the Heart and Circulation (all ages) per 1,000 of estimated population	4.38
Deaths from Cancer (all ages) per 1,000 of estimated population	1.91
Deaths from Measles (all ages) per 1,000 of estimated population	Nil
Deaths from Whooping Cough (all ages) per 1,000 of estimated population	Nil
Deaths from Vascular lesions of nervous system	1.80
Deaths from Diarrhoea (under 2 years of age) per 1,000 live births	Nil
Deaths of infants under 4 weeks per 1,000 live births	13.6

Out of a total of 105 deaths during the year the study of death rates does not give much information as our numbers are so small. Let us then turn to a closer scrutiny of the numbers of deaths so that by comparison with the other rates, morbidity or the incidence of disease in the community can be studied. Firstly, we had no maternal deaths, i.e. deaths associated with pregnancy, abortion or child birth.

Out of 156 children born during the year, two died. These were both legitimate births and they died during the first 48 hours of life. Deaths during this early period of life are, in fact, delayed still births as almost all the neonatal deaths are due to conditions which arise prenatally or intranatally, for example, premature births or congenital deformity which prevents the neonate from surviving independently of its mother.

It will be seen that Tuberculosis and Pneumonia were the only notifiable diseases which proved fatal. There were four deaths from Pneumonia and three were amongst older folks. When it is realised that 58 cases of Pneumonia were notified and, perhaps, many amongst the bronchitics were possibly pneumonic cases, it will be realised that this indeed was a small proportion of deaths from Pneumonia - a disease that up to recent years ranked high amongst the "men of death "

Again we find the great killer to be heart disease - well over 40% of our deaths were due to this disease. This disease is now the greatest threat to middle life. It strikes when man has reached the summit of his achievement and when he could expect to reap some reward for many years of toil. Most commonly it strikes in the form of an acute heart attack or coronary thrombosis as it is called and, as such, has almost a fifty per cent immediate mortality; of those who survive the first attack, upwards to 50% of these die within the next two years. This is a serious problem and one that invites our most urgent consideration, but on a national rather than a local level.

This year I again include a table or histogram which graphically demonstrates numbers of deaths in the area and the ages at which the deaths occurred. It will be quickly seen that few deaths occur until the ages 50-60 years, but the greatest number of deaths occurs in the seventies and eighties. This means just exactly what it shows, that, for example, twice as many deaths of males occur between 65 and 75 years of age as between 50 and 55 years. It also shows the interesting fact that twice as many females die at ages of 80-85 years as do males of that age. This really means that more women live to this age than men. It also shows by comparison with last year that more people are living in the older age groups and, of those who survive, more of them are women than men, giving added strength to the impression that there are more older women in the area than older men. The survival of the old folk to reach the older age group is part of a national tendency. The problems posed by this ageing of the population must be met by the individual as well as by the Local Authority and the State. Old age should not be an embarrassment to those who are fortunate enough to survive to be old. They are, of necessity, in need of help from those of us who are young and active. In these days of full employment and improving housing conditions, we should be ashamed to send these older parents, who nurtured us during much harder times than we experience today, to end their days in unfamiliar and often impersonal surroundings in our geriatric units.

DIAGRAM SHOWING NUMBER OF DEATHS BY AGE GROUPS

F. M.

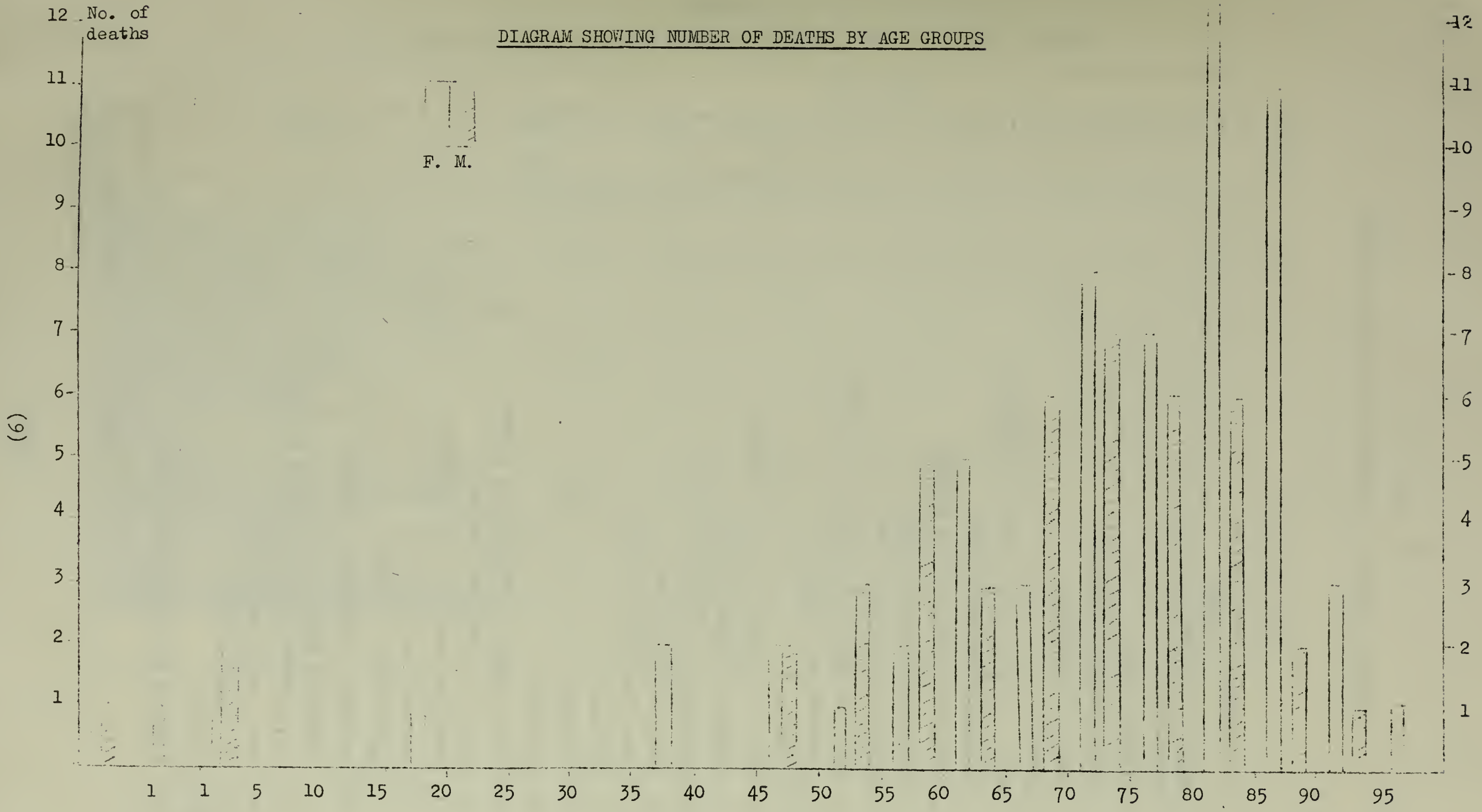

TABLE 2

CAUSES OF DEATH OF QUEENSBURY AND SHELF RESIDENTS

1 9 5 4

Cause of Death	M.	F.	Total
1. Tuberculosis - Respiratory	1	1	2
2. " - Other	-	-	-
3. Syphilitic disease	-	-	-
4. Diphtheria	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal Infections	-	-	-
7. Acute Poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other infective and parasitic diseases	-	-	-
10. Malignant Neoplasm stomach	-	1	1
11. Malignant Neoplasm, lung brochus	4	1	5
12. Malignant Neoplasm, breast	-	-	-
13. Malignant Neoplasm, uterus	-	-	-
14. Other Malignant and Lymphatic Neoplasms	2	9	11
15. Leukaemia and Aleukaemia	-	-	-
16. Diabetes	-	1	1
17. Vascular lesions of nervous system	7	9	16
18. Coronary diseases, angina	10	8	18
19. Hypertension with heart disease	2	4	6
20. Other heart diseases	2	10	12
21. Other circulatory disease	-	3	3
22. Influenza	-	1	1
23. Pneumonia	-	4	4
24. Bronchitis	5	3	8
25. Other disease of respiratory system	-	-	-
26. Ulcer of stomach and duodenum	-	-	-
27. Gastritis, enteritis and diarrhoea	-	1	1
28. Nephritis and nephrosis	-	-	-
29. Hyperplasia of prostate	-	-	-
30. Pregnancy, childbirth, abortion	-	-	-
31. Congenital malformations	-	-	-
32. Other defined and ill-defined diseases	6	3	9
33. Motor vehicle accidents	2	-	2
34. All other accidents	3	1	4
35. Suicide	1	-	1
36 Homicide and operations of war	-	-	-
Totals	45	60	105

TABLE 3

TABLE SHOWING NUMBER OF DEATHS DUE TO SPECIFIED CAUSES AND AGE AT DEATH

Diseases	AGE GROUP																					
	Under 1 year		1 - 5		6-20		21-25		26-35		36-45		46-55		56-65		66-70		Over 70		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Diabetes																1						1
Tuberculosis - respiratory										1					1						1	1
Other infective and parasitic disease																						
Malignant Neoplasm Stomach																				1		1
Malignant Neoplasm, lung, bronchus													1		2		1	1			4	1
Other malignant and lymphatic neoplasms			1			1								1		2	1	2		3	2	9
Vascular lesions of nervous system											1			1			2	3	4	5	7	9
Coronary disease, angina											1		3		2	3	2		2	5	10	8
Hypertension with heart disease													1			3		1	1		2	4
Other heart diseases										1				1	1	1			1	7	2	10
Other Circulatory disease																1		1		1		3
Pneumonia				1								1								2		4
Bronchitis													1		1				3	3	5	3
Other disease of respiratory system																				1		1
Gastritis, enteritis, & diarrhoea		1																				1
Motor vehicle accidents													2								2	
All other accidents	1										1		1							1	3	1
Suicide																	1				1	
Homicide and operations of war																						
Other defined and ill-defined diseases	1														1	1	2		2	2	6	3
Totals	2	1	1	1		1				2	3	1	9	3	8	12	9	8	13	31	45	60

Birth Rates

TABLE 4

VITAL STATISTICS - BIRTHS - 1954

Live Births -

	M.	F.	Totals
Legitimate	66	78	144
Illegitimate	1	2	3
Total	67	80	147

Crude Birth Rate: 16.5 per 1,000 of estimated resident population.

Comparability Factor: 0.96.

Adjusted Birth Rate: 15.84.

Still Births -

	M.	F.	Totals
Legitimate	2	1	3
Illegitimate	-	-	-
Total	2	1	3

Still Birth Rate per 1,000 total (live and still) births: 20.0.

TABLE 5

BIRTHS - 1954

TABLE SHOWING PLACE OF CONFINEMENTS

Quarter Ending	Males		Females	
	Domiciliary	Institution	Domiciliary	Institution
31 March 1954	4	16	9	13 1 still
30 June 1954	5	9 1 still	5	13
30 Sept. 1954	5	14	10	16 1 still
31 Dec. 1954	4	10	-	15
Totals	18	49	24	56

TABLE 6

ANNUAL REPORTS OF MEDICAL OFFICERS OF HEALTH - 1954

VITAL STATISTICS

Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the Year 1954
Provisional figures based on Quarterly Returns.

	England and Wales	Queensbury and Shelf	Aggregate of West Riding Urban Districts
Births -	Rates per 1,000 Home Population		
Live Births	15.8	16.5	14.8
Still Births	0.35	0.11	NA
	23.4 (a)	20.0 (a)	26.6 (a)
Deaths -			
All Causes	11.3	11.8	12.8
Infective and Parasitic Diseases excl. T.B. but incl. Syphilis & Other V.D.	NA	0.00	0.07
Tuberculosis Respiratory	0.16	0.22	0.18
Tuberculosis - All Forms	0.18	0.22	0.19
Cancer	2.04	1.91	2.12
Vascular lesions of Nervous System	NA	1.80	2.03
Heart and Circulatory Diseases	NA	4.38	4.88
Respiratory Diseases	NA	1.46	1.27
Notifications (Corrected) -			Aggregate of West Riding County Council
Typhoid Fever	0.00	2.24	0.00
Paratyphoid Fever	0.01	-	0.02
Meningococcal Infection	0.03	-	0.03
Scarlet Fever	0.96	2.8	1.25
Whooping Cough	2.39	1.23	2.03
Diphtheria	0.00	-	0.00
Erysipelas	0.12	1.90	0.19
Smallpox	-	-	-
Measles	3.32	6.5	3.47
Pneumonia	0.34	6.5	NA
Acute poliomyelitis (including policencephalitis)			
Paralytic	0.03	-	0.03
Non-paralytic	0.01	-	0.01
Food poisoning	0.24	1.12	NA
Puerperal Pyrexia	18.23 (a)	13.33 (a)	NA
Deaths -	Rates per 1,000 Live Births		
All causes under 1 year of age	25.5	20.4	28.3
All causes under 4 weeks of age	17.7	13.6	18.6

(a) per 1,000 total (live and still) births.
NA not available.

INFECTIOUS AND OTHER DISEASES

Tuberculosis

During the year there were fifteen more cases of tuberculosis notified.

There were two deaths from tuberculosis in the area during the year.

Here is a disease whose morbidity appears to increase whilst its mortality shows a steady decline. Whilst grateful for the falling number of deaths which result from this disease, it must be remembered that to survive with tuberculosis is to enlarge the pool of infection so that others remain in increasing danger from those who are ambulant and who may from time to time excrete living tubercle bacilli in their sputum. If greater care could be exercised by those suffering from the disease, especially in the factories and workshops and homes, a great saving in human misery could be effected. Children are by far the most susceptible groups and no amount of care should be considered too great to prevent their young lives being endangered. The availability of longer stay childrens' convalescent homes for those who show minimal signs of the disease is a great asset in this respect.

The association of Silicosis with Tuberculosis is well known in this area.

During the year it was noticed that there were a few cases of Silicosis occurring amongst clay workers in the district. These were found to have minor degrees of tubercle superadded and, as a result, the Factory Inspector, the Sanitary Inspector and myself inspected one of the clay workings involved.

The management were more than co-operative and enthusiastic in their preventive measures but, as so often is found, the workers cared little for practical methods of dust suppression. Masks were not used but left lying about and the clothes of the workers were often caked with clay and dried dust which had a high Silica content.

It would be necessary to X-ray all new entrants so that poor risk workers could be excluded from this type of work.

Collaboration with the National Health Service in case finding and after care and improvement in working conditions has been evident for many years in this industry.

TABLE 7

TUBERCULOSIS - New Cases and Mortality during 1954

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F	M.	F	M.	F.
0 - 1	-	-	-	-	-	-	-	-
1 - 5	-	-	-	-	-	-	-	-
5 - 10	-	-	1	-	-	-	-	-
10 - 15	-	-	-	-	-	-	-	-
15 - 20	-	-	-	-	-	-	-	-
20 - 25	-	-	-	-	-	-	-	-
25 - 35	1	3	-	-	-	-	-	-
35 - 45	1	-	1	1	1	-	-	-
45 - 55	4	-	-	-	-	-	-	-
55 - 65	-	2	-	-	-	-	-	-
65 and upwards	1	1	-	-	-	-	-	-
TOTALS	7	6	2	1	1	-	-	-

Death-rates per 1,000 estimated population

	Queensbury and Shelf	England and Wales	Aggregate West Riding Urban Districts
Tuberculosis of Respiratory System	0.22	0.16	0.18
Other forms of Tuberculosis	0.00	0.02	0 01
Respiratory Diseases (excluding T.B. of Respiratory System)	1.46	No figures available	1.27

Number of Cases on Tuberculosis Register - 31st December, 1954

Pulmonary

Males 37 Females 17

TABLE 8

SHOWING AGE AT NOTIFICATIONS OF CASES ON REGISTER

	Age at notification - years								
	0 - 15	16 - 20	21 - 25	26 - 35	36 - 45	46 - 55	56 - 65	Over 65	Total
M	-	2	2	11	7	12	-	3	37
F	1	-	4	7	-	1	3	1	17

Chronic Bronchitis

This disease in a district such as Queensbury and Shelf is a great problem during the long winter months. Our severe exposure rate, our "moor grime" as the mountain mist is locally known, and our great lack of sunshine make living here a great hazard for Bronchitics. Respiratory infection frequently makes the winter an ever increasing burden. Modern therapy with

(1) Antibiotics
(2) Artificial Sunlight
(3) Breathing exercises to increase the vital capacity of the lungs

help to restore the patients to an improved state of health again, but not without causing much loss of working time and often after grave financial loss to the family involved.

Improvement in our housing design with greater attention to draught and damp-proofing and a freer availability of coal allocations would help to alleviate much misery during our winters which are long and severe. I am also convinced that arrangements for ultra violet light for many adults under controlled medical supervision would do much to improve the health of those workers especially who find the severe conditions of the winter very trying.

Small Pox

There were no cases of Small Pox in the Queensbury and Shelf Urban District during the year. It is a great pity that the number of primary vaccinations of infants continue to be at a dangerously low level. The Health Visitors of the district do a really great service in the way in which they try to sustain interest in primary vaccination of young infants.

Vaccination by the Public Vaccinator ceased with the introduction of the National Health Service Act, 1946, and since then it is an uphill battle to try to keep interest alive in this highly important preventive measure. At the first mention of an outbreak of Small Pox, doctors are flooded out with applications for vaccination. A high level of local immunity by vaccination of infants would do much to minimise the threat of spreading epidemics of Small Pox. Undoubtedly, greater publicity is needed to foster the interest in primary vaccination as a routine measure.

Scarlet Fever

This disease continues to wane, both in its infectivity and seriousness. Almost none of the cases is now admitted to hospital and only simple hygienic measures are used as each case terminates Penicillin is the drug of choice in the treatment of each case and there should be few, if any, sequelae

Food Poisoning

During the year we had 10 cases of food poisoning notified. Investigation of all these cases gave negative results in so far as no organisms were identified, either in the food taken or in the vomit or exreta. We were unable to prove that any of these cases were, in fact, true food poisoning. The time lost between the occurrence of the cases and receipt of the notification is the greatest single stumbling block to the full investigation of these troublesome conditions.

SUMMARY OF CASES OF FOOD POISONING AS REQUIRED BY MEMO. 188 MED. OF MINISTRY OF HEALTH

APPENDIX D (i)

1. County District:- Queensbury and Shelf Urban District Year 1954

2. Food Poisoning Notifications (Corrected) Returned to Registrar General

First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total
4	-	1	1	6

3. Outbreaks due to identified agents

Total outbreaks - Nil. Total cases - Nil

Outbreaks due to:-

(a) Chemical poisons	Nil
(b) Salmonella organisms	Nil
(c) Staphylococci (including toxin)	Nil
(d) Cl botulinum	Nil
(e) Other bacteria	Nil

4 Outbreaks of undiscovered cause

Total outbreaks - 1. Total cases - 4.

5. Single Cases

Agent identified	Nil
Unknown cause	2
Total	2

Outbreaks - Nil.

Diphtheria

Again we had no cases of diphtheria notified in the area. 1948 was the last year in which a case of diphtheria occurred in this area. This has not been the case elsewhere. In England and Wales there were over 180 cases notified, nine of them died. These were nine preventable deaths. They could have been prevented had immunisation been more widely accepted by mothers of young infants with a booster dose during the first school year.

The safety level of immunised children in the community should be not less than 75 per cent. In fact, it is less than half of this figure. Why can't each mother realise that her children are entitled to the safety of immunisation at least against diphtheria, but preferably against Whooping Cough too. These immunisation services are available free to her, either from her own doctor or at the Maternity and Child Welfare Clinics. Another fact is evident from the investigation of our immunisation records, and that is that many of the children are interrupted in the process of immunisation and do not complete the course of injections. This wastes the time of those who provide these services and may indeed create a dangerous situation for the inadequately protected child.

Puerperal Pyrexia

Puerperal Pyrexia Regulations 1951 came into force on 1st August of that year and these regulations state that Puerperal Pyrexia be defined as "Any febrile condition occurring in a woman to whom a temperature of 100.4°F. or more has occurred within 14 days after childbirth or miscarriage " On 1st March, 1955 these regulations were amended to include a statement of the cause of pyrexia if known by the physician who notified the case.

Two cases of Puerperal Pyrexia occurred during the year. They were both very mild. One was due to genital infection and cleared within 24 hours with Penicillin.

The other was due to a breast abscess and this needed incision and drainage ultimately.

Paratyphoid

This is an abridged version of the report describing an outbreak of 18 cases of Paratyphoid B. between 5th August and 16th September, 1954.

They all occurred in a small area of not more than 200 yards radius in the village of Shelf. We were never able to trace the source of infection whom we believe to be a chronic carrier who sporadically introduced infection into the area during the school holiday period starting late in July 1954.

D.H. was ill with an indefinite type of pyrexial illness which started on 5th August, 1954. He was complaining of headache, loss of appetite, thirst and was constipated. He had some nausea and vomited once.

First seen by his doctor on 7th August, 1954, no diagnosis was made. He was examined again by his own doctor on 8th August, 1954, and again on Monday, 9th August, 1954. He was still pyrexial 100.4°F. but no diagnosis was made and, as he looked to be getting better, no specific therapy was carried out. However, by the 11th August, 1954, he was not recovered and a consultation was arranged with a consultant physician. No diagnosis was made and he was admitted to hospital on 13th August, 1954. Para B. organisms were isolated from his stools and the first case of Paratyphoid was established.

Immediately his home was visited by the Medical Officer of Health and the Sanitary Inspector. Meantime his father and other brother had gone on holiday His mother's stools were immediately sent to the same Pathological Laboratory and no pathogenic organisms were found to be present. Her history showed that on 4th August, i e. one day before the first sign of illness in her son, she had suffered from abdominal colic and diarrhoea which lasted for two days, so that for practical purposes she was ill with an undiagnosed ailment at the identical time at which her son started with his illness. We therefore took a further specimen of stools on the same day and sent them to another Pathological Laboratory. This was proved to be positive Para B. She was immediately removed to isolation hospital. Her son and husband who had gone on holiday had now returned. They were subjected to stool examination and placed under close surveillance. Promptly both stool examinations proved positive for Para B. Both of them - her second son and husband - were fit and well in every respect clinically.

Here we were then with a complete household of four, down with Para B. We hoped it was going to be a family outbreak and we had meantime set the usual routine in motion for this type of emergency. All the local General Practitioners were notified by 'phone of the case personally and brief descriptions given of the scant clinical signs in which the disease appeared to disguise itself. The Medical Officer of Health of the holiday resort had been notified of the name and address of the house in which the positive father and son had spent their interrupted holiday, and subsequent investigations were negative from that area, i e. father and son had not infected anyone in that area.

Whilst full scale investigation was being carried out in every possible line to identify the source of infection of this family outbreak, the next case occurred

This patient called in his doctor - the same doctor who attended the first case and who by this time was alert to the possibility of further cases arising. This patient P.S. aged 24 lived about 200 yards away and complained of influenza-like pains and aches and felt feverish. He vomited and had diarrhoea and he called in his doctor on the 16th August. He had been ill since 11th August with this illness. Immediately stool examination proved to be positive for Para B. He was admitted to hospital and all the family and other contacts were examined clinically and by stool culture. All were negative. Two further stool cultures were negative for each contact.

This man, our second case, worked in a mill in the area. This mill was served by a canteen - but this patient had his food in a small shop which cooked dinners especially for the mill workers. We examined stools repeatedly from everyone in the mill and the shop. We examined again and again stools from canteen workers. We swabbed water closet pedestals, drinking water utensils and many other items of food and drink. All were negative. Neither could we find any common link between our first cases and P.S. our second case. We knew now that this was no family outbreak

and a wider epidemiological net was thrown round the area as the danger of a major epidemic was obvious.

Meanwhile our next case occurred: A little girl aged 7 years. Her mother and father were negative with three successive stool cultures. Full investigation of her direct movements and contacts in the 10 - 14 days previous to her illness proved negative. We cultured old and new mice droppings from the house in which she had eaten food 12 days before her first symptoms - all to no avail, not a single positive culture. All her friends, family and other contacts were likewise negative.

On 29th August the next case occurred which was really a text book case, even to the "rose spots" and some splenomegaly. She wasn't very ill at any time, so, while she was at home from work and not too ill to move about, she prepared the food for the father and mother, both of whom went out to work each day. Both father and mother were positive for Para B. and admitted to hospital.

Although up to the present time we had maintained close collaboration with the Director of the Public Health Laboratory, it was thought that we should have a conference so that the "scene of the crime" may again be thoroughly scrutinised. The position that morning (30th August, 1954) was that we had seven cases of Para B. infection in four families The most detailed inquiry in each case, including very many visits and pages of well tried questionnaire writing, had shown no common food or food handler common to all the cases, but some were common to two or more. Tap water sampling was again done wherever different mains were introduced - all were negative.

Stool samples from a man and his wife who were milk vendors were positive for Para B. They were immediately admitted to hospital and their milk round was stopped under section '20' (Milk and Dairies Regulations, 1949) pending full investigation. Samples of the milk were repeatedly negative and on tracing the milk to its source at the farm from which it was produced, full investigation of the farm dwellers and workers gave negative findings. In fact, anyone who had anything to do with either the production, bottling or sale of the milk - all these were repeatedly negative, apart from the husband and wife.

The sending of these two milk vendors to hospital was a blow to their livelihood and we now noticed a marked reticence amongst the food handlers and other shop keepers to co-operate with stool samples. In fact we had a great deal of trouble getting their specimens and I had felt we may be forced to seek legal aid to obtain further stool specimens, otherwise control of this outbreak would be in jeopardy.

From the pattern of infection it appeared that infected food was still the vehicle and further samples of confectionery, bread, flour, etc. were taken as well as fuller milk and milk vendor investigation

From these investigations a child, A.M., was found positive. The schools had closed outside the period of possible incubation of the infection and we were therefore spared further cases from that source.

It did appear that someone, probably a carrier, was either in the area in question sporadically infecting food in the small area of 200 yards circumference, or, was coming into the area at weekends or other haphazard periods and handling food, infecting one or two people and leaving before we could lay the blame at his or her feet.

The surrounding areas of Bradford and Halifax were co-operating with us wholeheartedly in following up names and addresses of suspects who visited the area in question and each suspect was negative. Four days after A.M., our next case was notified on suspicion He was subjected to stool culture and was positive. All his family and other contacts, as well as his food, milk, water and any conceivable item we could possibly invoke, were investigated. His brother was positive.

During this same period C.M.P. aged 5½ years was notified as a suspect case. He too was positive. His family and contacts and all the food in the house were all negative and a full history of the food he had taken during the 14 days previous to his earliest possible signs or symptoms - all were negative. By now we had got to case No. 16 and although we had some idea as to the possibility of which cases infected one another, we were still at a loss as to who was still introducing further new infection.

Another case or two was notified as suspect but investigation proved them to be negative. We were at the stage when we would investigate on the most trivial evidence to see if we could determine where the infection arose in the first place. At this stage L.B. aged 11 years complained of headache and was seen by his doctor who found he had been feverish and off his food. Stool culture was positive for Para B. All the lad's friends and family were investigated. The entire families of each of his contacts were investigated and one other positive case was found.

We had established that one shop in the area had, in fact, supplied several articles or commodities, not necessarily a food commodity, to each of the households except that of P.S. Full scale investigations were again used to determine the possibility of this shop being in any way implicated. Items of food, varying from lollipops to licorice allsorts, were all free from the infection. So were stools from the entire household

It was now decided to swab the sewers. We were fortunate when considering the swabbing of the sewers in that we had fairly complete and accurate maps of the sewers, manholes and afferent drains. Without these the work would have been impossible.

Following inaccurate press reporting, much difficulty was now being experienced in getting true statements and specimens from persons approached. Wild rumours flew round the village from the second week of the outbreak onwards, and even routine visits by Health Department Officials caused suspicion to fall on the persons visited. This is unavoidable to some degree, but press statements no doubt aggravated reactions.

The first batch of sewer swabs showed a positive one on 28th September, 1954, and by following this up we were able by 15th October, 1954, to trace the infection to one of two houses. Stools from all the occupants of these two houses gave us a positive case.

He was a symptomless excretor and he was admitted to hospital for treatment He was not a carrier and was quickly cleared of his infection. All his contacts were negative. Food, milk and water supply were all negative, and since many of them conformed to the pattern of foods previously investigated, it was depressing to go over old ground again with negative results.

However, the presence of no further pathogens in further sewer swabs showed that we had come to the end of the epidemic.

All the Para B. organisms were Phage type I except one who for some unexplainable reason was Phage type Taunton.

We learned much from the outbreak:-

(1) It was like a jigsaw puzzle with so many pieces missing that the pattern of infection was impossible to follow.

(2) It was so mild an illness that many true cases must have been missed. How many, we shall never know. What became of them I cannot say, except that they are no longer excreting the organism, otherwise they would have appeared in the sewers which were diligently swabbed.

(3) The handling of food was the simplest method of spread - luckily many of those infected were youngsters who did not normally handle the food of others, and therefore their families escaped infection. On the other hand, the fact that while the youngsters were infected and other members of the family were not infected, this points to infection coming from outside the family and what simpler method than by food bought and eaten out of doors rather than in their own homes.

(4) Gastro-intestinal symptoms were minimal and almost absent. Although the infection is an elimentary one the symptoms were mainly systemic - the toxic manifestations being uppermost The incubation period appeared to be 10 days.

(5) Only one case had the classical enteric fever syndrome with rose spots and splenomegaly.

(6) What of the food handlers - broadly speaking they were willing to co-operate with stools and specimens for investigations, but when they realised the implications of being found positive, viz, closure of store, or discontinuance of milk round, they no longer co-operated and frankly refused to comply with our wishes regarding specimens for pathological examination. Their livelihoods came first.

At one time I thought that I would be forced to invoke legal aid under the Public Health Infectious Disease Regulations 1927 Act in order to persue our investigations. However, a friendly visit to the persons involved, with explanation, and reminding them of our powers should the need arise, was successful in obtaining the necessary specimens.

(7) The Press - in spite of full statements having been issued from the Public Health Department, the proceedings of the Council Meetings were open to them to report and interpret as they wished. The help we got from the Press was negatived by the inaccurate reporting of verbal statements made in the open Council Chambers.

(8) The sewer swabs were a great help in finally tracing down and eradicating the last of the infection We are more than fortunate in having our entire area plotted for such sewer investigations. I am of the opinion that much greater use can be made of this procedure

The work of dealing with this outbreak was performed by a team consisting of Mr. Shelley, Dr. Smith of the Public Health Laboratory Service, Bradford, and myself. Mr. Sam Drake, our Waterworks Manager, was also of great assistance. I must add that in fact the entire staff of the Health Department were placed at our disposal to help in whatever way they could should the need arise. I now wish to place on record my sincere thanks to all those who helped. Treatment of those infected was carried out mostly by Dr. Beach of Leeds Road Isolation Hospital, Bradford, and also by the Northowram Isolation Hospital, Halifax.

I am deeply indebted to Dr. Beach for all his kindness in the arrangement of each case and for all his help and advice.

General

During the month of January of this year, we were invited to join and form a Tuberculosis Care and After Care Committee of this division of the County. A gratuity of £10 was paid by the Council to the funds of this Committee and this Urban District was represented on the Committee by some members of the Council, one or two members of the local populace and myself. We meet regularly in Brighouse to discuss the various activities of this body and to carry out welfare work on behalf of those suffering from tuberculosis in the area.

Fortunately we have been free from Poliomyelitis this year This disease is due to a virus of which there are three types. It is present in the mouth, nose and intestinal canal and is excreted in the motions of those infected. It is easily seen how it can infect others in close proximity and for every one case of demonstrable poliomyelitis there may be possibly a hundred people who have the virus but do not show evidence of the disease.

There are roughly three primary measures which are adapted to deal with any cases of this disease which may arise.

(1) Isolation of each case.

(2) Quarantine for a period of three weeks for all contacts - for this measure to be effective quarantine really means quarantine to house and garden at least.

(3) Education of the public.

The second of these procedures is the really difficult one to comply with. Who shall pay the workers who cannot work in view of this period of quarantine? The Ministry of National Insurance and Pensions does not pay them. This Council, as well as many other Councils, will have to seriously consider the implications of adopting these preventive principles.

TABLE 9 - MONTHLY NOTIFICATIONS OF INFECTIOUS DISEASES DURING 1954

Month	Puerperal Pyrexia	Measles	Whooping Cough	Erysipelas	Food Poisoning	Scarlet Fever	Pneumonia	Poliomyelitis (Acute)	Gastro Enteritis	Sonne Dysontery	Tuberculosis	Para Typhoid B.	Meningitis	Totals
January	-	1	6	2	-	6	2	-	-	-	1	-	-	18
February	-	1	1	-	3	3	7	-	1	2	-	-	-	18
March	-	1	1	2	4	4	7	-	-	-	1	-	-	20
April	-	22	1	2	-	5	5	-	-	-	1	-	1	37
May	-	2	-	-	-	3	3	-	-	6	3	-	-	17
June	-	4	-	3	-	-	2	-	-	-	2	-	-	11
July	-	1	1	1	-	2	1	-	1	-	2	-	-	9
August	-	2	-	1	-	-	2	-	-	-	-	6	-	11
September	-	-	-	-	-	2	1	-	-	-	1	13	-	17
October	-	1	-	2	1	-	3	-	-	-	2	1	-	10
November	2	2	1	2	-	-	12	-	-	-	2	-	-	21
December	-	21	-	2	2	-	13	-	-	2	-	-	1	41
Totals	2	58	11	17	10	25	58	-	2	10	15	20	2	230

DIVISIONAL HEALTH SERVICE, BRIGHOUSE

We are indebted to Dr. F. Appleton, the Divisional Medical Officer, Brighouse, for a report on the services carried out by his department in Queensbury and Shelf. These services consist of Maternity and Child Welfare, Health Visiting, District Midwifery, District Nursing, Immunisation and Vaccination, and Care and After-care. These services are provided by the West Riding County Council under the National Health Service Act, 1946.

QUEENSBURY AND SHELF URBAN DISTRICT

Vaccination

Vaccinations carried out during the year ended 31.12.1954.

Ages	Under 1 year	1 year	2 - 4 years	5 - 14 years	15 & over	Total
	13	8	-	-	1	22
Re-Vaccinations				1	-	1

Last year, a total of 186 vaccinations and 85 re-vaccinations were carried out, as opposed to 22 vaccinations and one re-vaccination this year. It was pointed out that the increased number last year was largely contingent on the cases of Smallpox which occurred in the neighbouring County Borough, and that we could expect our figures to be much reduced during 1954. The figure of 22 this year (21 of them children) compares with a figure of 31 (all children) in 1952.

The importance of vaccination of children at four months of age must again be stressed. At this age a child feels little or nothing, and even in children where there is a moderately severe reaction (and this is rare) the child appears to suffer little distress from its vaccination. The story is very different when primary vaccination is carried out at a later age, and it is unfortunate that this wise prophylactic measure is so often refused by the parents. When it is considered that we had 147 live births in Queensbury in 1954, the figure of 21 means that less than 14% of babies are being vaccinated.

Diphtheria Immunisation

Number of children who had completed a full course of immunisation at any time up to 31 12.1954.

Ages at 31.12.54	Under 1 year	1	2	3	4	5 - 9	10 - 14	Total
	9	47	56	87	85	627	488	1399

Diphtheria Immunisations carried out during the year ended 31.12.1954.

Ages	Under 1 year	1	2	3	4	5 - 9	10 - 14	Total
First Immunisations	12	19	32	2	-	8	3	76
Booster doses	-	1	2	2	2	137	20	164

Of the total of 1399 children who have been immunised against Diphtheria, 646 were immunised prior to 1949 and have not since had a booster dose. The remaining 753 were immunised during the period 1950 to 1954 and these children can be considered to have a reasonable degree of protection, but it is our aim that all children immunised more than four years previously shall have booster doses.

Whooping Cough Immunisation

Number of children who had completed a full course of immunisation at any time up to 31.12.1954.

Ages at 31.12.54	Under 1 year	1	2	3	4	5 - 9	10 - 14	Total
	26	60	5	29	13	31	-	164

Whooping Cough Immunisations carried out during the year ended 31.12.1954.

Ages	Under 1 year	1	2	3	4	5 - 9	10 - 14	Total
	60	27	6	-	-	-	-	93

It will be noted that 60 children under one year were immunised against Whooping Cough and only 12 against Diphtheria. The reason for this is that our normal practice is to vaccinate children whose parents are willing for this procedure to be carried out at four months of age. This is followed by immunisation against Whooping Cough, which is again followed by Diphtheria immunisation; Diphtheria immunisation being usually commenced at the age of eight months. It is possible for only one quarter of the children born in 1954 to complete a full course of immunisation by the end of the year.

Of the immunisation figures shown above, most of the immunisations were carried out in the Child Welfare Centres, but an arrangement has been made that General Practitioners vaccinating and immunising children shall make a return to the Local Authority, and of the figures given, six initial Diphtheria immunisations, 26 booster doses, six Whooping Cough immunisations, and three vaccinations were carried out by General Practitioners There may be others in respect of whom no return was made.

With the decline in the incidence and deaths from Diphtheria, parents are becoming less anxious to have their children immunised, and Whooping Cough immunisation appeals more than Diphtheria immunisation. It should be pointed out that Diphtheria is a very dangerous disease and that this simple, painless procedure may not only prevent a great deal of serious illness and perhaps life long incapacity, but is also a life saving measure.

Home Nursing Service

Mrs. Shaw, the Home Nurse, made 3,342 visits (3,323) to 183 medical cases (161) and 40 surgical cases (42).

The figures for the Home Nurse's visits for 1953 are given in brackets after the figures for this year for comparison purposes. It will be seen that they do not differ materially from those for 1954.

Many more of the visits of the Home Nurse are now made to old people, and the saving of hospital beds and the additional happiness of the old people in being able to stay at home, makes this service a very valuable one.

Ante-Natal Clinics

Two ante-natal clinics were held at Queensbury each calendar month. At Shelf, ante-natal patients were seen prior to the Infant Welfare Clinic each week. Of the 59 patients attending during the year, 45 were new cases. Altogether 230 attendances were made.

There were 150 live and still births during the year, so that approximately 40% of patients attended our ante-natal clinics. but all the others received ante-natal care from some source. Only 42 patients were delivered at home, the remaining 108 being delivered in hospital. It will be seen that a very high percentage of the patients delivered at home attended our ante-natal clinic, and that in addition, some of those delivered in hospital also attended our ante-natal clinics.

It is unfortunate that so many patients are delivered in hospital, but there are, of course, an increasing number of first babies in proportion to the total births, and there is a good deal to be said for the first baby being delivered in hospital. In the case of subsequent deliveries, where there have been no complications requiring hospital treatment with the first baby, there is everything to be said for the patient being delivered at home. The separation of the mother and her return home with a new member of the family to whom she devotes a very large part of her attention, may, if not carefully handled, lead to behaviour problems, and for the sake of the other children alone, the presence of the mother at home is very much to be desired. The baby is part of a family unit, and in many cases there is no valid reason why the child should spend the first 10/14 days away from its own home and change its environment, and the change of environment sometimes leads to feeding difficulties.

There are, of course, still houses where the Midwife cannot safely undertake to deliver the baby, and the hospitals are now encouraging the delivery at home of all children other than first babies and those where the home conditions do not permit of safe home delivery. I am sure that this is the right policy, and we hope that as the slum clearance programme and the relief of overcrowding continues, the number delivered at home will be increased.

Some of the patients attending our ante-natal clinics also attend their own doctors' surgeries, so that both doctor and midwife are fully conversant with the conditions. I am glad to say that the relations between the family doctors, the midwife and the Clinics have remained good We are also grateful to the Halifax General Hospital for arranging for the services of a "Flying Squad" for blood transfusions in cases of emergency when the baby is being delivered at home.

Relaxation Clinics

The Midwife has continued to hold special relaxation classes for expectant mothers. These classes are particularly valuable in first deliveries and we often have difficulty in persuading mothers who have had children before to attend. As most first babies are born in hospital, the numbers attending these classes are necessarily few, but we have had excellent reports from the hospital of the results. Only 14 women attended, but they attended 103 times. This indicates that when a woman does attend she appreciates the work done in these classes. Not only are we able to teach the mother how to relax at the time of confinement, which gives her necessary rest and helps on the normal process of delivery, but we are able to teach her the hygiene of pregnancy and to give her breast feeding instruction.

Infant Welfare Centres

Infant Welfare Clinics and Minor Ailments Clinics were again held at the Queensbury Cricket Pavilion and Witchfield Methodist Chapel, Shelf. Strong representations were made to the West Riding County Council that the township of Queensbury was sufficiently important for the provision of a building specifically for health purposes. Both these buildings are rented and are, of course, only available on the days for which they are rented. This means that the Health Visitors have no central point at which they can be contacted by the Doctors. This position has been improved to some extent by the Health Visitors being placed on the telephone.

The Cricket Pavilion's disadvantages are many, and during the winter months it has been necessary to use herculean efforts to clear the entrance and with a part-time caretaker the heating has not always been satisfactory. The County Council were not able to agree to provide a new building, but it was suggested by Dr. O'Sullivan that possibly the billiard room of the Victoria Hall, which has a separate entrance at the rear of the building, would be suitable for adaptation as a Child Welfare and Ante-Natal Clinic, and after a Sub Committee had visited this building they agreed to the necessary adaptation. Unfortunately, it has not yet been possible to start on this work, and during the whole of 1954, and indeed up to the time of this report, we are still using the same buildings, and contact with the Health Visitors has still to be made at their own homes or through the Divisional Health Office.

The numbers attending the clinics are given below. It will be noted that the attendances at Queensbury show an increase on the previous year, particularly in respect of new babies, but that the Shelf figures show a fall. This fall, however, is not in respect of Shelf residents. It has never been our policy to confine clinic facilities strictly to County District boundaries, nor has it been the policy of our neighbours. Many mothers who live in the City of Bradford were attending our clinic, as the Shelf clinic was the nearest to their homes, but as a new clinic has now been provided for them nearer their homes this fall was not unexpected.

Infant Welfare Centre	Number of children who attended during the year	Number of children who first attended during the year and who on the date of their first attendance were under 1 yr. of age.	Total number of attendances made during the year.	
			Under 1 yr. of age	Over 1 yr. of age
Queensbury	246	108	1294	873
Shelf	124	38	657	416

Health Visitors

During the latter half of 1954 one of the Health Visitors was absent from duty on maternity leave, and although we were able to cover the area during some of the time it was not possible for the same amount of visiting to be done, and the visits show a fall on last year. Particulars of the visits paid are as follows:-

	First Visits	Total Visits
Expectant mothers	13	31
Children under 1 year	155	1097
Children between 1 year and 5 years	-	1013
Other cases (old people, problem families, etc.)	-	1086

Mental Health

Miss Wroe, the Mental Health Social Worker, continues to help persons suffering from mental ill health by visiting patients who have been discharged from mental hospitals. She is also available to help in cases where the patient is not ill enough for hospital treatment, but where a little help at the right time may prevent a great deal of mental ill health later. She is somewhat handicapped in her work by the incomplete information received both by this Department and by their own Doctors when patients are discharged from mental hospitals. It would be particularly helpful in cases of Anxiety Neurosis, some of whom have taken their discharge before they were completely cured, if we were aware of the form their anxiety took These patients always require tactful handling if we are to be able to help them, and without full knowledge one has to tread very carefully indeed. It is a tribute to the Mental Health Social Worker that she has been able to make so many friends among these patients, and that we have never received a complaint following one of her visits.

Patients who have been in Mental Hospitals are not helped by the attitude of the public towards them, and many patients who would undoubtedly be assisted by a brief period in a mental hospital refuse to go because they know the public attitude towards anyone who has been unfortunate enough to be mentally ill for a brief period. No one looks askance at a person who has a nervous breakdown in their own home, but as soon as they voluntarily go away for treatment, in the public mind they are classed as insane and belonging to a different category of people. There are signs of some improvement in the public attitude to mental illness, but to a patient who is mentally ill, the knowledge that when they return to their homes they will not only have to cope with their own worries and anxieties but the additional worry attached to having been in a mental hospital, often prevents them going into hospital for treatment.

I think there is still great need for considerable propaganda among the public with regard to mental illness. A person who is physically ill for a short period receives sympathy and is welcomed back into the community. A person who is mentally ill for a short period is not regarded as convalescent and an object of sympathy, but rather of pity. I wish we could break down this attitude. Perhaps as more people go as voluntary patients and as more room is provided in mental hospitals for the treatment of these patients who are suffering from temporary mental illness the whole attitude will change and it will be acknowledged that a patient who is so placed requires sympathy and help and is capable of full restitution to complete health.

In the Doctors' Surgeries, in the School Clinics, and in the Child Welfare Centres, we meet many cases of minor mental ill health, some of which need only a word of encouragement. In a section on Mental Health I think we should point out the large amount of preventive work done by family Doctors and Health Visitors. The bottle of medicine has been much criticised, and in some cases the confidence it brings with it is of more value than the drugs it contains. That confidence is engendered by the family Doctor. The Health Visitors in their regular visits to the homes, not only treat the family's physical condition but often help with problems which, if neglected, would lead to mental ill health. The provision of Psychiatrists to deal with all cases of minor mental illness would be an impossibility, and would not be desirable. As our service grows and the Health Visitor becomes more well known and her co-operation with the General Practitioner becomes better established, I am quite sure that very much more preventive work in this field will take place.

Miss Wroe has, of course, also been responsible for the work in connection with mental deficiency, and regular visits were made to all defectives in the area who are under supervision. The number of defectives under supervision in the Queensbury and Shelf Urban District at the 31st December, 1954 is as follows:-

Statutory Supervision

Males	under 16 years of age	2
Females	" " " "	2
Males	over " " "	2
Females	" " " "	1

Voluntary Supervision

Males	over 16 years of age	1

There are no defectives under Guardianship.

It has been possible for one high grade male mental defective to be transferred from Statutory to Voluntary Supervision.

Of the children under 16, one attends an Occupation Centre daily at Westwood Hospital, and two attend Group Training Classes held at Waring Green Community Centre, Brighouse. The fourth is not properly a resident of Queensbury, being a patient at a hospital. Two of the defectives over 16 years of age are in regular gainful employment, and the third works for his father.

The Group Training Class at Brighouse is at present only held on four days a week. It is held in a Community Centre and there is no ground for outdoor exercise, but by arrangement with the Divisional Education Officer it has been possible to arrange for this in a neighbouring Sports Field. Meals are also arranged through

the School Meals Service, and the rooms have been put into good repair. The Community Centre is not, of course, equipped, nor has it all the facilities for an Occupation Centre, but it has filled a gap until an Occupation Centre can be provided. It has not been possible to arrange transport as it is not a regular Centre, and this fact has operated very hardly on some of the parents. The closure of two of our Day Nurseries gave an opportunity of suggesting that one of these buildings could be utilised as an Occupation Centre, and it is hoped that the alteration and equipping of this building will take place during 1955, so that in 1956 we shall have a small Occupation Centre in Brighouse. Some of our patients live quite near to Halifax, but the Halifax Occupation Centre has no vacancies.

It will be seen that we have no unemployed older defectives, so that a need for an Industrial Centre for the Queensbury area has not arisen, but it is hoped that if this does occur they will be able to attend the Industrial Centre at Westwood Hospital.

The progress of the children attending both the Westwood Hospital Centre and our own Group Training Class has been satisfactory, and has been a source of great satisfaction to the parents, who have expressed their gratitude to Mrs. Bateson, the teacher, and her staff.

The Duly Authorised Officer, Mr. Johnson, has given the following report on his work in the Queensbury and Shelf Urban District during 1954:-

Persons removed as certified patients to Mental Hospitals under Section 16, Lunacy Act, 1890	4
Persons removed under Section 20, Lunacy Act, 1890	1
Persons removed under Section 21, Lunacy Act, 1890	-
Persons assisted in obtaining admission to Mental Hospitals as voluntary patients under Section 1, Mental Treatment Act, 1930	2

Ambulance Service

Particulars of cases transported by ambulance during the period 1st January to 31st December, 1954 are attached hereto. It has been impossible to separate the figures for Queensbury and Shelf as the return is made on a Depot basis, but approximately the figures are one sixth of those given in the table. The totals for last year are given in brackets at the end of the columns.

A satisfactory feature of the return is that although the number of patients carried is greater than last year, the number of journeys made and the distance travelled are less.

Home Help Service

There were 22 cases in Queensbury and Shelf being provided with a Home Help at the beginning of 1954, and 43 new cases were attended during the year. At the end of the year 23 cases were still being attended.

Of the 65 cases attended during the year, 35 were for the care of old people, nine were where the housewife was ill, and 21 were maternity cases. In seven of the maternity cases a Home Help was provided for 14 days, but three of the cases had to have a Home Help in the ante-natal period, and in five others the Home Help had to be continued well into the post-natal

period, while in two others it was necessary for an extension both ante-natally and post-natally. Home Helps were also provided in three cases for ante-natal care only, the baby being born in hospital, and in one case it was necessary to provide a Home Help post-natally after the mother returned home from hospital.

During 1954 there were 13 women working as Home Helps in Queensbury and Shelf, and altogether they worked 11,292 hours. This is equivalent to 5.2 Home Helps working a 44-hour week. The Divisional establishment has been increased to 27, and it will be seen that rather more than the establishment of Home Helps has been used in the Queensbury and Shelf Urban District.

More than half the time of the Home Helps was spent in the care of old people. These old people are happier at home and appreciate very much the services of a Home Help. In addition, of course, expensive as the Home Help Service may be, it results in a considerable saving of expense to the Country, as the cost of hospital care of old people would be very much more. Unfortunately, the Home Help Service is a rate charge, and hospital care is a charge on the Regional Hospital Board. If the Home Help Service and our Domiciliary Nursing Service were under the same control as the Hospital Service, the difference in expenditure between the respective branches would be more noticeable and would draw attention to the great difference there is in the relative cost between the Preventive Health Service and treatment in hospital.

Convalescent Home Treatment

We again only had one patient from the Queensbury and Shelf area who applied for admission to a Convalescent Home under the County Council scheme, and the admission of this patient was arranged.

I should like to pay tribute to the cordial relationship which exists between the Medical Officer of Health and the Chief Sanitary Inspector of the Queensbury and Shelf Urban District and this Department, and to the co-operation we receive from them. We also receive courtesy on all occasions from the Clerk of the Council, Mr. Hawkes.

At the Shelf Infant Welfare Clinic there is a great deal of voluntary help given, and this is particularly appreciated, both by the mothers and the Health Visitors. At the Queensbury Clinic we are short of voluntary helpers and there is scope for some help here.

We have reason to be grateful to the Queensbury Council and to the Chairman of the Council, Councillor J. H. Moore, for their help in making it possible for the County Council to obtain the use of part of the Victoria Hall for adaptation as clinic premises.

WEST RIDING COUNTY COUNCIL AMBULANCE SERVICE

BRIGHOUSE DEPOT

STATISTICAL RETURN FOR THE PERIOD JANUARY - DECEMBER, 1954

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total	
1. PATIENTS														
(a) Admissions	164	167	159	152	158	137	148	154	165	141	157	182	1884	(1914)
(b) Discharges	66	62	67	62	63	60	65	55	62	63	40	76	741	(669)
(c) Transfers	20	15	15	16	9	13	13	11	17	9	8	17	163	(243)
(d) Out-Patients	953	852	977	990	959	983	1017	1055	990	890	860	818	11344	(10456)
(e) Accident Patients	32	45	37	31	38	41	16	48	38	39	60	41	466	(404)
Total No. of Patients	1235	1141	1255	1251	1227	1234	1259	1323	1272	1142	1125	1134	14598	(13686)
2. ANALYSIS OF PATIENTS														
Males	471	480	539	507	487	535	498	583	524	490	519	432	6065	(5662)
Females	764	661	716	744	740	699	761	740	748	652	606	702	8533	(8024)
Stretcher Cases	271	226	211	201	200	197	221	219	216	187	221	262	2632	(2615)
Sitting Cases	964	915	1044	1050	1027	1037	1038	1104	1056	955	904	872	11966	(11071)
Children	76	93	84	60	75	52	69	77	83	51	35	62	817	(904)
3. FURTHEI ANALYSIS OF TOTAL PATIENTS IN PART 1 ABOVE LESS (d) AND (e)														
Urgent	70	70	76	57	84	63	71	80	83	74	73	91	892	(889)
Maternity	26	20	32	24	25	19	17	37	29	20	30	27	306	(342)
Infectious	4	3	9	56	60	20	6	6	9	3	6	4	186	(65)
Mental	3	2	4	3	2	2	3	4	1	3	6	3	36	(17)
General Patients	147	149	120	90	59	106	129	93	122	113	90	150	1368	(1513)
4. JOURNEYS	316	283	328	296	317	297	329	332	349	314	339	336	3836	(3958)
MILES	8447	7435	8948	8064	8213	8026	8303	8439	8812	7613	8199	8749	99248	(99472)

TABLE 12 CLINICS AND TREATMENT CENTRES

Name	Location	When Open
Child Welfare Clinic	Cricket Club, Queensbury	Every Tuesday, 2 p.m. to 4 p.m.
" " "	Witchfield Chapel, Shelf	Every Monday, 2 p.m. to 4 p.m.
Combined Ante-Natal and Post-Natal Clinics	Cricket Club, Queensbury	2nd & 4th Fridays 2 p m. to 4 p.m.
	Witchfield Chapel, Shelf	Mondays 1.30 p m. to 2 p.m.
Artificial Sunlight Clinic	Brook House, Atlas Mill Road, Brighouse	This is also available at the Shelf Clinic Monday 10 a.m.
Diphtheria Immunisation Clinic	Carried out at Child Welfare Clinics	
Dental Clinic	Bonegate House, Brighouse	By appointment
Chest Clinic	Royal Infirmary, Halifax	Outpatient Department - Tuesday, Wednesday and Thursday 9.15 a.m. to 12 noon.
		Men / Women
Venereal Diseases Clinic	Royal Infirmary, Halifax	Thursday 6 - 8 p.m. / Tuesday 3.30 - 4.30 p.m.
Consultant Clinics, Ear, Nose and Throat, Ophthalmic and Orthopaedic	Brook House, Atlas Mill Road, Brighouse	By appointment
Orthoptic Clinic	Brook House, Atlas Mill Road, Brighouse	By appointment - bi-weekly

COUNCIL HOUSING

I am indebted to Mr. G. A. Muse, the Housing Manager, for the following information:-

In my last report for the year ended 31st December, 1953, I gave the number of dwellings erected by this Council since the war as 222, comprising 134 houses, 72 flats and 16 bungalows. During the year ended 31st December, 1954, a further 20 flats have been completed and tenanted at Hungerhill and 20 bungalows at Cockhill, Shelf, making a grand total of 262 new permanent dwellings erected since 1946, which total compares favourably with other local authorities of the size and rateable value of Queensbury and Shelf.

Plans are being prepared for the erection of a further 18 three-bedroomed houses at Cockhill and preliminary surveys have been carried out for the erection of 20 bungalows at New Park Road, Queensbury. Further development is also envisaged at Hungerhill.

In spite of the Council's efforts the waiting list does not get any shorter and, indeed, has increased in Queensbury for old persons' bungalows.

There is also a very great need for three-bedroomed accommodation and the erection of a few four-bedroomed houses would help to solve the problem of overcrowding. At the 31st December, 1954, there were still over 280 "live" applications on the Council's waiting list.

Rents have remained steady during the past year, but building costs have continued to increase, and it is going to be a difficult problem to keep the rents of future houses and bungalows at their present levels.

The state of completion of post-war houses as at 31st December, 1954, is given in detail below:-

		Houses	Flats	Bungalows
Queensbury	Moorclose Site	23		
	Hungerhill	50	68	
	Albert Crescent			16
	Russell Avenue	1		
Shelf	Burned Road	34		
	Westercroft Avenue	8		
	Cockhill	18	24	20
		134	92	36

		Houses	Flats	Bungalows
Dwellings under construction or planned -				
Queensbury	Hungerhill	-	Not known	-
	New Park Road			20
Shelf	Cockhill	18		20

TABLE 13

The number of dwellings now owned by the Council is 370, an increase of 40 over the figure for a year ago. This is made up of 204 houses, 92 flats and 74 bungalows, as shown in the table below:-

Situation	No. of Houses	Net Weekly Rent	Gross Rental (50 weeks' collection)
OLD PEOPLE'S BUNGALOWS			
		s. d.	s. d.
Albion Street	8	4 2	7 6
The Grove	10	4 2	7 6
Burnside	20	4 2	7 6
Albert Crescent	16	10 10	15 1
Belle Vue Crescent	20	11 8	16 0
HOUSES			
Russell Hall Lane (Non Parlour Type)	6	11 4	18 6
Russell Avenue (Parlour Type)	6	to 11 11	to 19 1
Russell Avenue (Non Parlour Type)	6	13 0	21 7
		9 0	17 0
		to 11 11	to 19 1
Russell Road (Parlour Type)	12	11 5	22 4
Russell Road (Non Parlour Type)	2	11 11	19 10
Westfield Terrace (Parlour Type)	2	13 9	21 7
Westfield Terrace (Non Parlour Type)	12	9 11	20 3
Moorclose Lane (Parlour Type)	3	13 4	21 9
Moorclose Lane (Parlour Type)	1	14 3	23 3
Moorclose Avenue (Parlour Type)	5	14 3	23 3
Moorclose Avenue (Parlour Type)	1	12 9	21 1
Moorclose Avenue (Parlour Type)	13	13 4	21 9
Burnley Hill Terrace (Parlour Type)	4	12 5	21 7
Burnley Hill Terrace (Non Parlour Type)	20	9 11	17 0
		to 11 4	to 18 6
Belle Vue Road (Two bedrooms)	12	19 0	27 0
Belle Vue Road (Three bedrooms)	6	23 0	32 4
Westcroft Avenue (Dining Recess Type)	8	14 4	23 4
Burned Road (Parlour Type)	4	14 6	24 1
Burned Road (Dining Recess Type)	2	12 9	21 9
Burnside Avenue (Parlour Type)	10	14 4	23 4
		to 14 6	to 24 1
Burnside Avenue (Dining Recess Type)	18	12 9	21 9
Ridgeway (Dining Recess Type)	10	19 0	29 4
Hillcrest Road (Dining Recess Type)	22	19 0	29 4
Hillcrest Road (Two Bedrooms)	12	19 0	27 0
Hillcrest Road (Three Bedrooms)	6	23 0	32 4
FLATS			
Hillcrest Road	40	19 0	27 0
Hillcrest Avenue	28	19 0	27 0
Belle Vue Road	16	19 0	27 0
Belle Vue Crescent	8	19 0	27 0

TABLE 14

HOUSING PROGRESS IN THE AREA SINCE 1919

Year	Houses built by private enterprise, including subsidy		Houses built by Local Authority to let or for sale	
	Queensbury	Shelf	Queensbury	Shelf
1919	-	-	-	-
1920	-	2	-	-
1921	-	2	12	-
1922	-	1	-	-
1923	-	4	-	-
1924	2	7	-	-
1925	2	9	-	2
1926	2	-	12	-
1927	3	-	24	-
1928	?	2	-	8
1929	-	-	-	-
1930	-	3	-	8
1931	-	-	-	-
1932	16	43	-	8
1933	45	47	-	4
1934	89	58	-	4
1935	45	19	-	6
1936	10	15	12	-
	Queensbury and Shelf		Queensbury and Shelf	
1937	21		6	
1938	33		-	
1939	9		24	
1940	-		20	
1941-45	-		-	
1946	6		-	
1947	19		20	
1948	3		25	
1949	2		20	
1950	3		24	
1951	-		8	
1952	8		28	
1953	12		102	
1954	10		32	

SANITARY CIRCUMSTANCES IN THE AREA

Water Supply

Monthly samples of drinking water are taken at points throughout the district of Queensbury and Shelf, and are examined by the Public Health Laboratory Service, Bradford. These have all been satisfactory. They show no evidence of faecal contamination, neither do they show any other chemical or organic contaminant.

The water is soft in character leaving no residue on boiling and is suitable for washing.

I am obliged to Mr. S. Drake, Waterworks Engineer, for the information given below.

Water is supplied in bulk from Bradford Corporation at six points as follows:-

Mountain, Queensbury
Albert Road, Queensbury
Stags Head, Queensbury
Soaper Lane, Shelf
Cooper Lane, Shelf
Halifax Road, Buttershaw, Bradford

The Mountain supply is pumped into the Mountain Reservoir and the other five supplies feed direct into the mains. The reservoir capacity is one million gallons. Treatment of the water, filtration and sterilisation has taken place prior to the water being received from any of these points. The supply in this area, in all parts, has been satisfactory in both quality and quantity. Samples taken for bacteriological examination have been constantly satisfactory.

In the whole of the district there are now only 34 properties without a piped supply of Council water and of these 34, 10 have satisfactory piped supplies from private sources. In all cases supplies are direct to houses, there being no stand pipes in the district for domestic supplies.

The main extensions have proceeded at the housing estates at Hungerhill, Cockhill and Deanstone Lane. The consumption figures for 1954 are given below:-

Queensbury	62,488,000	gallons (domestic use)
Shelf	37,269,000	" " "
Combined	99,757,000	" " "
Queensbury	11,861,000	" (trade use)
Shelf	8,690,000	" " "
Combined	20,551,000	" " "

Mortuary Facilities

During the year we adopted a standard of mortuary management in conformity with the Model Byelaws of the Minister, whereby we provide for -

(1) Collection of dead bodies which are subject to Coroner's enquiries.

(2) The mortuary care, washing and shrouding of these bodies after Coroner's post-mortem examinations.

(3) The provision of a shell for the retention of the body prior to subsequent burial.

We would add that the mortuary is now equipped with adequate toilet, lighting and heating facilities, and has met with the approval of the visiting pathologist carrying out Coroner's post-mortems.

We are in no small way indebted to Mr. Hall, your Surveyor, for his great help in carrying out these improvements.

Public Conveniences

Another year has gone by without the provision of suitable public conveniences in the area of Queensbury. Shelf appears to be adequately provided with both ladies' and gentlemen's toilets at the 'bus terminus, but there is a very real need for a ladies' and a gentlemen's public toilet in Queensbury to replace the inadequate and out-of-date premises in High Street.

We feel that the facilities provided by the Council should exemplify the standard required from other public and domestic premises. An all out effort should be made during the present year to provide these toilet facilities so that, if nothing else, needless inconvenience be prevented.

SEWERAGE AND SEWAGE DISPOSAL

I am obliged to Mr. J. F. Hall, the Council's Engineer and Surveyor for the following information -

The sewerage system within the Urban District has functioned satisfactorily, there being no serious stoppages.

Shibden Sewage Works

The sewage is treated at the works which consist of detritus tanks, precipitation tanks, percolating filters and/or land area filters and humus tanks.

A satisfactory effluent has been maintained and the analyses of samples taken by the West Riding River Board have been to the required standard.

Woodfall Works

These works consist of detritus tanks, precipitation tanks, percolating filters and humus tanks.

The capacity of the works is not sufficient for the present day flow but every endeavour is made to ensure that the effluent is as good as possible.

Lumbrook Works

The Lumbrook Works consist of detritus tanks, precipitation tanks and percolating filters.

These works are also inadequate to deal with the present flow, but are operated in the best manner possible in the circumstances.

The Council is aware of the inadequacy of both the Woodfall and Lumbrook Works and is taking steps to provide alternative means of sewage disposal in Shelf.

At the end of 1954 there were 182 houses not connected to a sewer.

REPORT OF SANITARY INSPECTOR.

To the Chairman and Members of the Council.

Mr. Chairman, Ladies and Gentlemen,

It is with pleasure that I submit a report on my aspect of the work of the Health Department in 1954. Although the number of inspections carried out is less than last year the amount of work has by no means decreased. New legislation has given us plenty to think about; and while no one seems to believe it, I find it harder to sit at my desk and think creatively than to be outside doing inspections. I believe that creative thinking is more important than routine inspections - but it isn't half so impressive,-at least visitors to the office never seem to be impressed to find me sat at an empty desk. However, I hope this coming year to be able to cope in both spheres. On 22nd November 1954 Mr. Hubert Phillips started work in my office as a full time general assistant, replacing Mr. J.S. Birkett who, up to then, served us capably as a part time clerk. I am very grateful to the Council for acceding to my request for this extra help and by the time 1955 gets under way Mr. Phillips should have absorbed the general administrative background and be able to get out of the office on to routine outside work. By and large I hope to heighten further the standing of the Health Committee and its Department.

New legislation includes the Slaughterhouses Act 1954, the Slaughter of Animals (Amendment) Act 1954, and the Housing Repairs and Rents Act 1954. Meat supplies were decontrolled in July and Building Licensing was finally abolished on 10th December that year. The impact of these on the various aspects of our work is more fully discussed in the body of our report, but they serve to remind of the changing pattern of the circumstances in which we work, and of the fact that we must constantly adopt our outlook and standards in order to implement these statutes as Parliament intends. I would refer to what I write in the body of the report under Housing, which illustrates the point I make,- that our job is complicated and made more difficult by constantly changing circumstances.

It is difficult to keep the Health Committee informed of the constantly changing legal background against which we operate. If we, as Officials, find it no easy matter to absorb and understand new statutes, how about the Committee? Is it any wonder that as an official called upon to state the Law's requirements from time to time, we feel that the Committee wonders why it is that "each hour bears a different tale". Yet to place before the Committee the text of each new Act, each new Ministry circular, each statutory Instrument, would be irksome and impracticable. Even a precis of an Act seems long winded and often brings tired frowns. To tell all or to tell nothing - both are equally invidious in my experience. The fact that we seem to have come to a workable understanding of the 1954 legislation is, to my mind, a credit to the Committee and Department alike.

The designation of this district as a specified area for milk supplies in September brought about a long desired change, wiping out all ungraded raw milk supplies to householders, taking us a good way forward to the goal of safe milk supplies. Time will tell but I would again refer to a paragraph of incidental interest in the report under this heading.

Taking a general view of the year I would like to quote a sentence I have seen somewhere to the effect that,- "a disease has no single cause, but is the outcome of the interaction between the disease agent, the resistance of the host, and the environment in which these are exposed". These words give me a great deal of satisfaction. If true they give the reason why we should go on plugging away at getting better and better environmental conditions whenever and wherever we can. So often one gets discouraged in trying to get housing conditions bettered; when asked why such and such a requirement is necessary, it is often difficult to justify it convincingly by physical reasons. Then it is that, like religion, pure faith in the rightness of what you are doing carries you on to ultimate justification. So I say that even when the physical reason for it is not obvious, let us be assured that in improving any environmental conditions, we are indeed fighting disease.

To conclude, I would like to quote paragraph 106 of The Report of the Working Party on the Recruitment, Training and Qualifications of Sanitary Inspectors. This passage is a gem and a remarkable summing up of the duties of a Sanitary Inspector. It concludes:-

"The Sanitary Inspector must needs be familiar with many trades, but he must also be master of one - a most important one in a free community - that of interpreting the requirements of the law to the citizen and enlisting his willing co-operation".

I sincerely thank the Chairman, Vice Chairman and Members of the Health Committee for their continued support and confidence and my brother officials for their help at all times. Your Medical Officer continues to lead me on with the shining lamp of his ideals which burns as bright as ever.

I am,
Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

Sanitary Inspector.

General Sanitation.

Investigation of complaints

These numbered 265, rather less than the 2[illegible]1 made last year. They range from dry rot to smokey chimneys from non-removal of refuse to the throwing of faeces into a field, and from cellulose spraying to gooseberry or clover mite. All complaints are investigated, although in 1954 "same-day" investigation slipped behind at periods. I do not follow up anonymous complaints - my services are available to anyone who will ask - but anonymous complaints make me mad and the natural reaction is to screw it up and pitch it into the W.P.B.

Complaints outstanding, end of	1953	32
Complaints received during	1954	265
		297
Complaints dealt with in	1954	273
Complaints outstanding end of	1954	25

Nuisances.

These show a decrease this year, for whereas in 1953 nuisances found were 245 affecting 303 premises in 1954 nuisances found were 177 affecting 222 premises

These nuisances comprised the following circumstances:-

Defective drains	38
Defective W.Cs.	6
Choked W.Cs,	10
Choked W.W Cs.,	1
Defective waste pipes	11
Insanitary sewer	3
Defective or uneven gutters	26
Choked drains	41
Dirty premises	1
Verminous premises	1
Rat infested premises	21
Houses overcrowded	3
Accumulation of refuse	10
Burst water pipes	2
Defective roof, damp walls	19
Defective fallpipes and eaves gutters	7
Defective plastering	4
Insufficient ventilation	2
Dangerous structures	2
Miscellaneous	14

The majority are ordinary day to day matters but one or two are worthy of comment.

A complaint arose regarding a smell of cellulose due to a spraying plant in a nearby factory. It was alleged that at times dust was also emitted. At first it was found to be completely unfounded as the spraying booths had not then been put into operation, but repeated complaints followed of sore throats and malaise due to the cellulose. I have yet to find any evidence of dust, although the smell of cellulose is observable at times. The point I cannot decide is whether, in fact, this smell is a nuisance. No medical evidence has yet been produced by the complaint makers to support this, so there the matter lies.

Another complaint occurred in some Council owned Old Persons bungalows. The windows getting the sun attracted swarms of little red mites on the inside of the windows. These were identified as Gooseberry or Clover mites. Gammexane and pyrethrum powder did not seem to touch them, and a pybuthrin insect powder seemed to have little effect. Advice was sought and spraying with H.E.T.P. on the outer wall and ground surface was suggested. As this is a very toxic substance it was decided to wait a little and see if the Winter's cold would eradicate this pest. Again the question arises,- is such an infestation legally a nuisance?

Another source of nuisance are some irresponsible chimney sweeps who empty their sacks of soot along the side of less frequented paths, or over walls on to spare bits of land. They are very difficult to trace and I don't claim much success against them. The area being a small one sandwiched between two large towns it is difficult to get to know all the persons coming into the area from those towns, and therein lies the trouble.

Closet Accommodation.

The steady increase in the number of modern sanitary conveniences being installed continues. It has seemed to me, this last five years or so that there is a greater determination on the part of the general public to have modern sanitation in their homes than at any past time in my experience. Another little point I have noticed is the great preference shown for low level cisterns in W.C. suites. Although they inevitably cost more than the ordinary high level cistern, 9 out of 10 people who now spend their money on sanitary improvements go for the low down suite. It is probably the influence of the glossy magazine,- much the same applies to stainless steel and other sink units.

The position at 31st December 1954, was as below:-

Number of privies with open middens	Nil.
Number of privies with covered middens	41.
Number of pail closets	96.
Number of pedestal water closets	Nil.
Number of trough closets	125
Number of waste water closets	3146
	3408

Number of privies reconstructed in 1954	W.Cs.	6.
	pails "	4.
Number of additional W.Cs. provided for old property		26.
Number of W.Cs provided for new houses		42.

Percentage of closets in district on water carriage system 96%

The closet conversion scheme, whereby a grant of £7:10:- is paid towards the cost of converting a privy or pail closet was continued during the year. In November the scheme was extended to include waste water closets and it is hoped to steadily get rid of these noisome articles. Some local faith in them persists in that they are less likely to freeze up, and there are no service pipes to burst, during frost. This is so, of course, but it seems an inadequate reason to me to fight against conversion. After all, ordinary care in winter will prevent most frost damage but more than ordinary full time care is required to keep a waste water closet in any semblance of cleanliness. In some cases, due to the depth of the hoppers, it is impossible, and in a climate like that of Queensbury, the place for the sanitary convenience is inside the house, not outside. It would be interesting to know how much sewage is handled on the conservancy system in houses with outside closets - it would be a sad comment on the (high) standard of hygiene we have attained.

DRAINAGE.

Drainage generally still occupies a large proportion of the routine work. This is probably one thing that hasn't changed a great deal from the days of "Nuisance Inspectors". Drains get blocked just as frequently, I imagine, as ever they did; human nature doesn't change so much and judging by some of the abortive efforts at draining which we still dig up in investigation work, some of the ideas of 50 years ago were pretty rough. Only recently we found a cellar drain which had apparently ceased to function years ago and had been flagged over. The drain from the sink waste, and road gulleys at street level which originally joined the cellar drain, had obviously been redrained to the sewer when trouble first arose. The operators then had found, as we now found, that it was impossible to rod and clear the cellar drain. We followed its track into an old stone walled sewer. There we found the more recent glazed pipe sewer, laid in the stone walled sewer, but no connection had been made between the cellar drain and the new sewer. Hence when the space between the outside of the new piped sewer and the inside of the old stone walled sewer became choked, trouble began. A connection was made and the cellar drain restored to use.

Abortive efforts are not confined to 50 years ago. Water in a couple of adjoining cellars revealed eventually that a contractor, laying an 8" gas main for the gas board, had lowered 3 four inch pipes in the drain so that the gas main should not have to be lifted. We could not understand why we could rod so easily and clear the blockage, which then recurred so speedily in this "inverted siphon". When the gas main was laid I had made a point of watching unobtrusively for such incidents, but had missed this one. However, the Gas Board did a man size job of rectifying the trouble, laying a new drain to the sewer, which fortunately was deep enough to permit this.

There is an eternal fascination about drainage work. True, the problems usually arise at times when one is in no position to appreciate their fascination, but when, after much sweat and digging, hard thinking, colour testing, local enquiry and apparently fruitless effort to solve a drainage problem, the pick strikes something hollow, or the side of an excavation falls in to reveal an old trench, - the parable of finding that which was lost lives again. Then there is the aesthetic delight in imitating Sherlock Holmes. In one blocked drain we found a complete brick. How had this got into the drain? Imagine our joy when at an inspection chamber at the head of the drain, in a separate curtilage from where the trouble was reported, we found that just one brick was missing from the top course of bricks in the chamber, and that the others were loose and ready to fall.

In connection with these jobs, usually started under section 48 of the Public Health Act 1936, as amended by the West Riding General Powers Act 1951, I must make mention of one of my workmen who seems to have developed an instinct in regard to old drains. There is a bit of competition between us as to who can diagnose the trouble best.

Lack of records of old drains is a great hindrance, the general public have implicit faith that all drains are recorded at the Council Offices, and look down their noses when they see us digging fruitlessly for one. Yet the same public are not ready to produce plans for a proposed drain extension, - "its just a couple of pipes you know, it won't need a plan will it?"

If I had my way every drain would be subject to a plan. Drains are covered over and get lost in a way that something above the surface of the ground cannot. Therefore they should be especially carefully recorded.

During 1954 25 house drains were reconstructed in some degree. Two new septic tank installations were provided so that although 182 houses are still not connected to the sewer only 120 houses in the area still have vague cesspool, sump or other means of disposal.

One or two instances have occurred of plumbers wishing to instal versions of the one pipe system of plumbing. These have been allowed as long as they complied with the recommendations of the Building Research Station.

H O U S I N G S T A T I S T I C S

YEAR 1954.

County District QUEENSBURY & SHELF U.D.C.

Number of dwelling houses in the District	3492
Number of back-to-back houses included in above	495

1. Inspection of dwelling houses during the year

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	189
(b) Number of inspections made for the purpose	264
(2) (a) Number of dwelling houses (included under sub-head (1) above), which were inspected and recorded under the Housing Consolidated Regulations	166
(b) Number of inspections made for the purpose	179
(3) Number of dwelling houses needing further action:-	
(a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation	14
(b) Number (exoluding those in sub-head (3)(a) above) found not to be in all respects reasonably fit for human habitation	144

2. Remedy of defects during the year without service of formal notices.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers.	130

3. Action under Statutory Powers during the year.

A. Proceedings under Sections 9, 10 and 16, Housing Act, 1936:-

(1) Number of dwelling houses in respect of which notices were served requiring repairs	3
(2) Number of dwelling houses which were rendered fit after service of formal notices:-	
(a) By owners	4
(b) By Local Authority in default of owners	2

B. Proceedings under Public Health Acts.

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	7

(2) Number of dwelling houses in which defects were remedied after service of formal notices:-

(a) By owners 5
(b) By Local Authority in default of owners 2

C. Proceedings under Sections 11 and 13 of the Housing Act, 1936.

(1) Number of representations, etc., made in respect of dwelling houses unfit for habitation 12

(2) Number of dwelling houses in respect of which Demolition Orders were made 4

(3) Number of dwelling houses demolished in pursuance of Demolition Orders 19

(4) Any action under Sections 10 and 11 of the Local Government (Miscellaneous Provisions) Act, 1953? If so, what? 3

(5) Undertaking to repair under Sec. 11 5

(6) Closed by informal action 1.

D. Proceedings under Section 12 of the Housing Act 1936.

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made 2.

(2) Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tenement or room having been rendered fit 1.

4. Housing Act, 1936 - Part IV - Overcrowding.

(a) (1) Number of dwellings overcrowded at the end of the year 19

(2) Number of families dwelling therein 21

(3) Number of persons dwelling therein 119

(b) Number of new cases of overcrowding reported during the year 1

(c) (1) Number of cases of overcrowding relieved during the year 9

(2) Number of persons concerned in such cases 35

NEW HOUSES

5. Number of new houses provided during the year:-

By the Local Authority:- Permanent type 32
Temporary type Nil.

By Private Enterprise 10.

6. Housing Act 1949

Any action in connection with:-
(a) Section 4 - Advances for purpose of increasing housing accommodation? Nil.

(b) Section 20 - Grants to persons other than local authorities for improvement of housing accommodation? Decision to implement Sec. 20 to the extent of not more than 1d rate in this financial year. Applications for Grant invited as from September 1954.

HOUSING.

Housing Act 1936

Demolition and Closure.

The table of Housing Statistics gives the salient figures for the year. 12 houses have been represented under Section 11 of the H.A. 1936. 4 demolition orders were made and 3 houses closed under the provision of Section 10 of the Local Government (Miscellaneous Provisions) Act 1953. Undertakings to repair, or convert 5 houses into 3, partly with the aid of Housing Improvement Grant were accepted. During the year as a result of previous formal action 19 houses were demolished.

One house was closed as a result of informal action by the Department.

Two dwellings were represented under Section 12 and two closing orders were made. One house closed last year was made fit again, added to an old clubroom or workshop, and the closing order determined.

Housing Act 1949 and Housing Repairs and Rents Act 1954.

Improvement Grants.

Last year I referred to the fact that some moneys were provided for improvement grants, with the proviso that before inviting applications from the public a survey should be made of Council House applicants. Although it was found that a reasonable percentage of applicants' needs could have been met "at home" by improving their existing accommodation, we got not a single acceptor of a grant from their landlords. This seems to be in line with other Authorities' experience.

At this, applications were invited from the general public, of whom owner occupiers are the most ready to apply. This is quite natural although one would probably rather that the grant were used by landlords to benefit tenants, - but this preference is not in line with the Ministry's policy. After all it is the house that is the focal point. It is

the house that goes on whether people come or go and from the National point of view the nation's stock of houses can be gradually upgraded by use of these grants, to some degree preventing deterioration and the necessity for replacement by new. And the other great preventor of deterioration in house property is owner occupation, probably the greatest factor. Due regard does not seem to me to have been paid to this factor by any Government. Yet despite lack of any great encouragement owner occupation steadily increases in this area. Three years ago 40% in Queensbury and 53% in Shelf owned their own houses. It will be interesting to work out the percentage increase to date. It is a fact that all Politicians of all colour should be aware, to me it has a political significance, yet is caused as far as I can see, by nothing of political origin.

The guaranteeing of mortgages up to 95% by Councils is not the encouragement it was expected to be. Building Societies do not encourage mortgages on the type of property which would most benefit from owner occupation and Improvement Grant. Probably the S D A A. scheme is the only scheme which could carry these poorer risk properties. But I have seen no mention of extending S D.A.A. powers to include a 95% advance. Yet surely, as long as a Council are satisfied that the house concerned is not due for slum clearance, and will last a minimum of 10 or 15 years with due maintenance, they could give real help to anyone wishing to purchase and improve it.

The Improvement Grant Scheme got under way about August and the first applications were considered on the 7th October. By the end of the year 30 applications affecting 34 houses had been received and 11 approved. No jobs were completed by 31st December, but of those completed since I can say that the money has been well spent. I know that in most people's minds giving money away smacks of Social Credit or other wild theory scheme s that are doomed to failure but here the money is translated into just those things that a Health Committee wish most to see - things that are not capable of misuse like some "allowances", but things that will outlast the givers and the recipients.

The only snag I see, and this is common to new Council house building as well as to improvement jobs, is, that so long as there is so much subsidised building work, so long will high building costs last. And so long as building costs are as high as at present it will be difficult to entice people of middle and working class income groups to build new houses for themselves, thus increasing the stock of houses, instead of trying to make do with the existing stock of second-hand houses, as at present.

One can sum the Acts up by saying that they are primarily designed in the interests of the houses themselves, as a national asset to be preserved.

Housing Repair and Rents Act 1954.

This came into force on the 30th August. Most of us had felt a quickening of pulse and a stir of excitement when the Bill was announced; and as months went by and different people gave their ideas of what would follow the coming into force of the Act we felt that "great events were on the gale". But the gale so far has only been a breeze. Applications for certificates of disrepair have come in but not as many as were expected. The conditions for improvement grants have been eased but as we started late to implement this scheme we have no experience of before and after the new Act. I am steadily formulating proposals for slum clearance to place before the Health Committee for their consideration, but what will be accepted is as yet an unknown quantity. It

is probably too soon to comment on the effect of the Act.

Housing Standards.

With regard to the new standard of fitness contained in Section 9 of the Act, the hoped for positive standard is missing. In place of:-

Section 188, Housing Act 1936, - Interpretation

"(4) In determining for the purpose of this Act whether a house is fit for human habitation, regard shall be had to the extent, if any, to which by reason of disrepair or sanitary defects the house falls short of the provisions of any byelaws in operation in the district .... or any local Act in operation in the district dealing with the construction and drainage of new buildings, and the laying out and construction of new streets as of the general standard of housing accommodation for working classes in the district, and

(1) .....

Sanitary defects include -
Lack of air space or of ventilation
Darkness
Dampness
Absence of adequate and readily accessible water supply or sanitary accommodation or of other conveniences, and inadequate paving or drainage of courts, yards or passages."

We now have:-

Section 9, Housing Repairs and Rents Act 1954.

"(1). In determining for any of the purposes of the principal (1936) Act whether a house is unfit for human habitation, regard shall be had to its condition in respect of the following matters, that is to say:-

(a) Repair
(b) Stability
(c) Freedom from damp
(d) Natural lighting
(e) Ventilation
(f) Water supply
(g) Drainage and sanitary convenience, and
(h) Facilities for storage preparation and cooking of food and for the dispersal of waste water.,

and the house shall be deemed to be unfit as aforesaid if and only if it is so far defective in one or more of the said matters that it is not reasonably suitable for occupation in that condition".

Now consider the application to a house where it is proposed to serve a notice for repairs under Section 9 of the Housing Act 1936, which says:-

" Section 9.

(1) Where a Local Authority are satisfied that any house ..... is in any respect unfit for human habitation they shall, unless they are satisfied that it is not capable at a reasonable expense of being rendered so fit, serve a notice upon the person having control of the house requiring him ..... to execute the works specified in the notice, and stating that, in the opinion of the authority those works will render the house fit for human habitation."

The words underlined were never defined, but taking them

at their face value, and bearing in mind the interpretation given in Section 188 of that Act, it was common to include on a section 9 notice any item of disrepair from a patch of loose plaster or defective window fastener onwards. This practice was so little challenged that it seemed evident to be what the law intended.

But now consider a report on a judgment given in Birkenhead County Court on 24th January 1955 in an appeal by an owner against a notice under Section 9 of the Housing Act 1936, served by Wallasey Corporation. During a lengthy hearing of three full days Section 9 of the Act of 1954 was the subject of detailed legal argument. In the course of his judgment the learned County Court Judge made certain rulings which may be summarised to be,-

(1). The primary test of unfitness is whether any matter in the house is such that injury to life or limb or injury to health is likely to result to the occupants of the house.

(2) Anything which amounts to a gross interference with comfort is an ingredient of unfitness.

(3) A house can be regarded as unfit for habitation only if it is not reasonably suitable for occupation having regard to the items included under any one of the headings listed in (a) to (h) of Section 9; the items included under the particular heading must by themselves render the house not reasonably suitable for occupation.

(4) Having decided that a particular house is unfit having regard to the items included in one of the headings (a) to (h) the notice must then specify only such works as will render the house fit for human habitation. Thus, no defect will rank for inclusion in a notice unless, by itself, it renders the house not reasonably suitable for occupation by the test set out in (1) and (2) above.

The result of applying these principals to the particular notice under appeal was the deletion of almost exactly one half of the forty seven items specified in the notice. Included in the disallowed items was one requiring the provision of a ventilated food cupboard. Evidence had been given that dry goods were kept in a closed cupboard built into a recess of the chimney breast in the living room, whilst perishable foods were kept on open shelves in the scullery which was used as a kitchen. The learned Judge had this to say about it, - " I am not satisfied that there is any defect over the tenant storing food elsewhere .....I think that it is not a matter that can possibly be said to amount to unsuitability for occupation."

I mentioned in the second paragraph of the introductory remarks of my report, the difficulty of keeping abreast of legislation and of adapting our standards to implement the Law as Parliament intends. What I have written above is complicated enough, yet read Section 74 of the West Riding (General Powers) Act of 1951, which said:-

"Section 74.

Every house erected in a district after the coming into force of this Act shall be provided with sufficient and suitable accommodation for the storage of food, and any other house in the district not so provided shall, if reasonably practicable to, be so provided within one month from the service by the L.A. on the owner thereof of a notice requiring it to be provided".

Now this represented a logical advance upon the standards we had formulated and held to be correct under Section 9 of the Act of 1936. But the Act of 1954 repealed Section 74 of the West Riding (General Powers) Act 1951.

We seem to be advancing backwards; other examples could be quoted but I seem to be labouring the point overmuch, yet it is points like this that complicate our work, and are very difficult to keep one's Committee informed about.

Overcrowding.

My hoped for extension of the survey carried out in 1953 did not materialise and I can add little to the bare figures, which may or may not be precisely true. One fact does remain,- most of the overcrowding left unabated is due to a lack of three bedroomed houses to accommodate the larger families which are concerned.

REFUSE COLLECTION AND DISPOSAL.

Perhaps it is under this heading that comments on the weather would be appropriate. It would need an Al Read to sum up the Summer weather we missed, and the ever present rain. I have been truly grateful to the Health Committee for agreeing some twelve months ago to purchase some really good Mackintosh coats and souwesters for the men. The £30 or so that these cost has been amply repaid in this calendar year by the extra working time saved from loss by inclement weather. The men really appreciate them.

By and large, in spite of the bad weather, we have maintained our weekly collection. It has meant, often, putting every available man on to dustbin collection in order to finish the week's run by weekend and start off with a straight edge on a Monday morning. But I find it pays to always strive for this. There is something inexorable in the way refuse is produced, steadily and continually, there is never any let up. There is never anything happens which means less refuse, always more. On our side waggons break down, men go sick, or on holiday - all happens to backen the job; and one can never get in front of the work, - it is impossible for example, to make a special effort and collect next week's refuse with this so as to allow for holidays next week, or waggon overhaul. On the customers' side, if it isn't Winter, with full bins, its Spring with spring cleaning refuse, and in Summer when bins could be lighter, garden refuse starts its annual game of catch as catch can, and Summer brings another spate of home decorating, new fireplace installations and what not, always with a quota for the dustbin. Then there is another outburst of cleaning down for Christmas. So that if there is bad weather on top of everything else the men are working under constant pressure. No one can work under pressure indefinitely, unless one can see the end of it at some anticipated time. That is why I find it best to throw everything in, when occasion demands, to finish the week's run by the weekend. The men go home, tired perhaps, but with the feeling of having coped once again, and no arrears of work facing them when they return to work on Monday morning.

I am still proud of the fact that we do more collections per year, to every house in the district, than our larger neighbours.

Experiments were made with the manual screening of refuse, and were successful enough, from the tin recovery angle alone to make it obviously worth while attempting something of a permanent nature. The Health Committee accepted a report on the subject and authorised the expenditure of up to £175 on the fitting up of a screen, and the purchase of a secondhand tractor and flat cart for removal of tailings to the tip face. So far this is not in operation but it is hoped that by Spring 1955 we shall be getting the benefit from this new method of dealing with our refuse.

REFUSE COLLECTION AND DISPOSAL.

Our salvage efforts continue, and this year we just about averaged 12 tons of waste paper per month, as a recovery rate of 25.1 cwts per 1000 population per month as against 22.5 last year. During the year also, we commenced salvaging tins, and some 49 tons of tins have been sold adding usefully to our income. The full figures are given below:-

Salvage Sales for year ended 31st December 1954.

	tons.	cwts.	qtrs.	lbs.	£.	s	d
Mixed paper	98	14	3	4	667	4	-
News & Pams	35	8	2	24	290	6	5
Rags	2	16	0	0	65	12	-
Bagging		19	2	18	11	5	3
String		4	2	23	1	11	6
Scrap iron	5	13	1	0	26	7	-
Aluminium		4	0	1	20	2	11
Brass		2	2	16	16	2	8
Copper		3	3	13	14	19	1
Woollens			1	5	1	4	9
Tins	49	13	1	0	213	9	2
Battery						19	-
Zinc			1	1		10	4
Bales carpet						5	-
	193	14	2	21	£1329	19	1

Street cleaning is undertaken by the Highways Department of the Council.

Meat Inspection

Slaughterhouses.

This chapter only opens in this district as from the date of de-control, although it might be as well to review the situation as it was then. In 1940 there were two registered and 7 licensed slaughterhouses in the district. During the war years one of these was made into a making up room, and in 1946 one registered slaughterhouse was licensed. These were all relicensed yearly although only self-supplied pigs were killed in them. Then another slaughterhouse was turned into a making up room leaving 7 licensed premises. Towards the end of 1953 the farm on which one was situated became an attested farm making the use of the slaughterhouse impracticable, leaving 6. At preliminary discussions with the butchers in the area prior to decontrol the subject of slaughtering was discussed. One of the six premises was a modern one completed just pre war and large enough to provide facilities for the whole district in an ideal rural situation, and it was for sale together with the farm land and premises. After long discussion about its price, probable kills and estimated income, together with possible compensation figures if other premises were closed, the Council decided that it was not a practical proposition to provide a public abattoir for the limited number of years life it might have. We were then faced with the problem of whether other existing premises were adequate, or whether arrangement should be made for facilities to be provided at Halifax or Bradford, where, we were assured, ample facilities were available.

The butchers, of course, wanted to kill within the district, - transport to and from the neighbouring towns, the probable allocation of killing hours, slaughtering charges, and a desire to get away from the place which reminded them so strongly of wartime restrictions, all combined to make them want to return to their individual ways And with some of the individuality which characterizes Queensbury, the Council inclined to their views. The existing slaughterhouses were not too good by modern standards, and were poorly sited. But the Council took the line that if the butchers were prepared to remedy any defect in construction which the Sanitary Inspector pointed out, so that the only criticism which could be made of the premises was the site, the Council were prepared to license the premises until June 1959. There were three takers, and these three slaughterhouses were licensed until June 30th, 1955. If the required alterations were done by that date the licence will be renewed. If not, it will be assumed that, in accordance with the agreement made, that relicensing is not required, and the licence will lapse.

Aminals Slaughtered.

The following table gives an analysis of the 668 animals slaughtered at the three slaughterhouses.

Address.	Bulls Bullocks.	Cows.	Heifers.	Calves.	Sheep.	Swine.
33 Willow Mount, Shelf.	21	9	82	3	49	56
22 High St., Qby.	3	56	24	7	156	91
Derwent Place, Mtn. (from 5th Sept. '54)	7	11	1	10	51	31
TOTAL	31	76	107	20	256	178

One pig was killed as an emergency slaughter at Greenhead Farm, Shelf.

118 visits were paid to slaughterhouses to inspect this meat.

INSPECTION AND SUPERVISION OF FOOD

Meat Condemned.

The total weight of meat condemned was 1357 lbs from animals, as below:-

Carcases Inspected and Condemned.

	Bulls & Bullocks.	Cows.	Heifers.	Calves,	Sheep.	Swine.
Numbered slaughtered	31	76	107	20	256	178
Number Inspected	31	71	103	18	239	174
All diseases except T.B.						
Whole carcase condemned						1.
Carcase of which some part or organ was condemned	3	4				
Tuberculosis only						
Whole carcase condemned		1				
Carcase of which some part or organ was condemned	8	25	3.			3.

Where the amount of meat condemned is small we usually collect it in our waggon and dispose of it by incineration in a boiler plant. Where a carcase is concerned we arrange for its sale to a firm who manufacture animal by-products. They collect with their transport and confirm its disposal to me.

Slaughter of Animals Act, 1933 to 1954.

One new licence was granted, and 11 licences to slaughter animals were renewed during the year. Two applicants for licences had yet to prove their ability to slaughter satisfactorily when the new regulations came into force in October, and were granted "learners licences".

During the period in which slaughtering has taken place no instance has been observed of the leaving of animals in unsatisfactory conditions.

UNSOUND FOODS.

Inspection of other unsound foods.

The following unsound food was condemned and surrendered from the shops:-

47¾ lbs	Boned roast pork.
345 "	Boneless Cooked Ham.
13 "	Boneless Cooked Gammon.
6 "	Ox Tongue
5 "	Luncheon meat
28 "	Dried Milk powder
12 Tins	Stewed Steak
2 "	Condensed Milk.
10 "	Evaporated Milk.
85 "	Pineapple.
19 "	Cherries.
5 "	Peaches
64 "	Plums.
1 "	Strawberries.
12 "	Tomatoes
10 Jars	Sandwich Spread.

Food and Drugs Act 1938 - Section 14 - Registered Food Premises.

There are 44 premises registered under this Section, excluding fish fryers and mineral water manufacturers, 29 for the storage and sale of ice cream, and 15 for the preparation of sausages and other preserved meats.

Fish fryers are not registered under this Section as there seems to be some doubt in Public Health Acts as to whether or not this was intended by the Legislators.

There is one mineral water factory.

No ice cream is now manufactured in the area, all that is sold being either prepacked and supplied by national firms, or from two hawkers who come into the area from neighbouring authorities.

42 inspections were made of ice cream premises and 27 of preserved food premises in 1954.

Other Food Premises.

Visits of inspection paid to other food premises include:-

Fish and chip shops	13
Butchers	34
Bakehouses	11
Licensed Premises	14
General Shops	9
Cafe's	3

Since decontrol bulk meat handling has ceased to worry us, and meat is now handled according to each individual fancy. The standard is generally higher than before. No longer does one see dirty sides of meat on a butchers premises.

Hawkers of Food.

The Powers to control these are contained in Section 76 of the West Riding County Council (General Powers) Act 1951, Hawkers of Food, and the premises from which they operate. As far

as their premises are concerned the standards of Section 13 of the Food and Drugs Act 1938 are applied, but no standards are laid down in regard to their vehicles. It is difficult to formulate such standards, I have tried to draw up a list of regulations which the Council could adapt for use under this section, but so far I have not felt satisfied that I could put them forward. The big difficulty comes with regard to the provision of hot water, soap and towel. It would be easy enough to insist on a container for refuse, paper, spoiled vegetables and the like and proper containers for fish etc. but how to screen apples (unwrapped) and such like from dust, how to cold store fish in Summer, - all the things that are taken as proper in shop premises. We know what can be done with mobile vehicles by those enthusiastic operators who believe in hygiene. But what standard should a Council adopt for enforcement on all and sundry as reasonable and sufficient from a Public Health view? The answer to this still eludes me.

Food and Drugs Adulteration.

This Council is not a Food and Drugs authority, this work being done by the County Council.

There are no pasteurising plants or sterilising plants in this area and consequently, no licences for such plants issued by the County Council, are in force.

FOOD HYGIENE.

I have little to add this year on what I said last. The Queensbury & Shelf Traders Guild of Hygiene continues to work actively and now has 74 members (including hairdressers, of whom more details are given later).

When the Food and Drugs Amendment Bill was first published along with proposed regulations I gave members a talk on the subject and much interest was expressed, as, of course, each member wondered just how he would be affected. Much was hoped for in the Spring of the year, but at its close it seemed that little was to be expected. It's a great pity. The bulk of the shopkeepers in this area were prepared for, and would have complied with nearly anything if it could have been put to them when public interest was at its flood. But now the eclat of the proposed regulations has echoed around various bodies re-echoing each time with diminishing force, until a mere whisper remains, and that will soon be lost.

I still feel that, if first things were dealt with first shops could be left alone a while, until the standard of food handling on mobile vehicles, carts and vans were brought up to that of the shops. If hot water, soap and towel are necessary on an ice cream van, why not on bread, confectionery and greengrocery vans.

MILK.

As a matter of interest I give a brief statement of the changes in milk control of recent years. In 1942 and 1943 Government white papers were published on "Measure to improve the Quality of the Nations Milk Supply". The policy outlined in these papers can be summarised as:-

(1). Achievement of a sound breeding policy by means of a long term programme for the general upgrading of the National dairy herd.

(2). Veterinary inspection of all dairy herds at least once a year.

(3). Transfer of the powers of Local Authorities with regard to the supervision and control of milk production to the Minister of Agriculture and Fisheries.

(4). The restriction on sale of milk by retail in specified areas unless it is of a designation to be specified.

In order to implement the above the appropriate provisions of the Food and Drugs Act of 1938 were modified by the Food and Drugs (Milk and Dairies) Act of 1944, and under powers given him by this Act, the Minister of Health made the Food and Drugs (Milk and Dairies) Act 1944 (Appointed Day) order 1949, whereby the 1944 Act came into force on 1st October 1949.

At the same time, the Ministers of Health, and of Agriculture and Fisheries jointly, under powers given under Section 21 and 92 of the Food and Drugs Act 1938, and under the Food and Drugs (Milk and Dairies) Act 1944, made the:-

(a) Milk and Dairies Regulations 1949
(b) Milk (Special Designation) (Raw Milk) Regulations 1949
(c) Milk(Special Designation) (Pasteurised & Sterilised Milk) Regulations 1949

The year 1949 marked the end of the traditional sanitary supervision of milk production, and the beginning of a new control administration under the Ministry of Agriculture with delegated powers to the County Agriculture Executive Committee.

The administrative position is now confused and provides every opportunity for the overlapping of duties between the officials of numerous authorities. The position of the District Council now is that, except in one instance, it has no direct relationship with milk or methods of its production. In spite of the foregoing, the Council remain responsible for the safety of milk to the consumer, and the important duties in this connection can be summarised as follows:-

Milk and Dairies Regulations 1949

Section 18. The keeping of a register of distributors, and of dairies which are not dairy farms.

Sections 18, 19. Provisions as to prevention of milk being infected from human infectious disease.

Section 20. Prevention of spread of infection by sale of milk infected by certain bovine disease.

Sections 22, 27, 28, 29, 30 & 31. Sanitary conditions of the distributive trade.

Milk (Special Designation) (Raw Milk) Regulations 1949
Milk (Special Designation) (Pasteurised & Sterilised) Regulations 1949

Control by licence of the sale of milk under Special Designations.

Milk (Special Designation) (Pasteurised & Sterilised Milk) (Amendment) Regulations 1953.

Provide for the use of overlapping caps on containers of Pasteurised milk as from 1st October 1954.

Milk and Dairy (Amendment) Regulations 1953 & 1954.

Amend definition of "Distributor" under Milk & Dairies Regulations 1949.

Milk (Special Designation) (Specified Areas) (No.2) Order 1954

Brought into operation Section 19 of the Food and Drugs (Milk Dairies and Artificial Cream) Act 1950 in this area; that is, as from 1st October 1954, Queensbury & Shelf was included in one area where designated milk only may be sold by retail. Enforcement of conditions regulating sale of milk in these areas.

As from 1st October 1954, the Designation "Accredited" ceased to exist.

Having given a skeleton of the legal machinery we are concerned about, it will be best to have the report on that skeleton.

Milk and Dairies Regulations 1949.

Dairies other than dairy farms (Regulation 8)

There were four dairies on the register at 31st December 1954. There were thirteen visits of inspection during the year.

Distributors of milk (Regulation 8)

There were 19 distributors on the register at 31st December 1954. "Distributor" must not be confused with milk retailer. "Distributor" means a person trading as a dairyman elsewhere than at or from premises in relation to which he is registered as a dairy farmer.

The number of people selling milk from premises within the area was 24, excluding 10 shops where Sterilised milk was sold, and 7 from premises outside the area.

32 visits of inspection were made of distributors in action.

Stoppage of infected milk supplies (Regulation 20)

No action was found to be necessary during the year under this provision, 10 samples were taken for biological examination and all were satisfactory.

Contamination of Milk Supplies (Regulations 18 & 19).

Again no instance arose when action was necessary to take steps to guard milk supplies from contamination by infectious

humans. One milk distributor taken ill at the latter end of the year and admitted to hospital was found to be suffering from tuberculosis in early 1955. Action may possibly be the subject of report in the Report for 1955.

Sanitary Conditions of the distributive trade (Regulations 22 & 27 to 31)

The regulation whose enforcement gave most trouble was Regulation 29, which forbids the opening of milk receptacles, or the transfer of milk from one receptacle to another, except at registered premises i.e. in a dairy. This requirement had the proviso that a dairyman was exempt from the prohibition ....."on final delivery or a retail sale". This loophole for the continued use of hand-cans meant that there was still the chance to use them, and the temptation to refill them at the street corner from the ten gallon churns carried in the vehicle. This was finally put in order by the:-

Milk (Special Designation) (Specified Areas) (No.2) Order 1954.

Which as mentioned earlier, made this a specified area in which only Tuberculin Tested or heat treated milk could be sold, as from 1st October 1954. While this is a great step forward towards safe milk supplies, it aggravated another trouble, covered by Regulation 30 of the Milk and Dairy Regulation 1949

Regulation 30. Provides, inter alia that:-

"(a) no person shall leave or cause to be left any bottles or cartons containing milk on a public highway except upon final delivery on a retail sale.

(b) every person who habitually uses any particular place for the deposit of milk to await collection or further conveyance shall, so far as is practicable, afford such place protection from the direct rays of the sun'.

The advent of the specified area order meant that several milk retailers then went on to dairy milk, and crates of bottles began to be left on all sorts of unsatisfactory street corner sites, on top of walls etc. A special circular was sent to all retailers in June 1954, and thereafter, when a crate of milk was seen in an unsatisfactory site, a reminder note which I kept in the car was popped into the crate. It probably astonished one or two to realize that the conditions had been seen and noted by me at times when they probably did not expect me to be out and about.

By the year end I was satisfied that the provisions of Regulation 30 had sunk home, although one wonders how far the words in subsection (b) apply to householders, who have their milk left on the doorstep or window sill, with no protection. Small wonder dairymen complain if, after all their care, and our supervision of them, we stand aside and let the householder treat the milk in just the way we stop the dairyman from doing.

Milk (Special Designation) (Raw Milk) Regulations 1949-1954.

Number of licences in force for sale of

	Dealers.	Supplementary.
(a) Tuberculin Tested Milk	13	6
(b) Accredited Milk (to Sept.30th 1954)	2	-

Milk (Special Designation) (Pasteurised & Sterilised) Regulations 1949-1953.

Number of licences in force for sale of:-

	Dealers	Supplementary
(a) Pasteurised Milk	14	3
(b) Sterilised Milk	12	2

There has been an increase in the sale of Sterilised milk, and this reminds me of the argument about safe milk supplies, as to whether safety is the only consideration. The following note on the Pottenger cats experiment, is I think, interesting.

The 900 cats concerned in the ten year feeding trials conducted by Dr. F. Pottenger of California, were divided intotwo sections. Those receiving raw whole milk and raw meat did better as we should now expect, than those fed on processed milk and cooked meat, with a progressive incidence of disease, deformities and sterility corresponding to whether the milk had been pasteurised, dried, or worst of all, sweetened and condensed.

Now comes the extra illumination which makes so much difference. At the end of the trials, weeds were allowed to grow in the exercise pens. Without exception they exhibited the same degree of health as that shown by the cats, ranging from healthy and prolific growth down to stunted and practically negligible herbage.

Beans for human consumption were then sown, with strikingly similar results. Scientific evidence is thus produced for the existence of a connection between the well being of soil, plant, animal and man.

The only comment that strikes me is that may we not, in the search for safety, eventually diminish positive health.

Factories Act 1937.

I give below the statistics as required by the prescribed return under this Act.

Table.

FACTORIES ACTS 1937 & 1948

Annual Report of the Medical Officer of Health in Respect of the Year 1954 for the Urban District of Queensbury and Shelf in the County of Yorks (W.R).

Prescribed particulars on the administration of the Factories Act, 1937.

PART I OF THE ACT.

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

Premises	M/c line No.	No. on Register.	Number of			M/c line No.
			Inspections	Written Notices	Occupiers prosecuted.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
(i)Factories in which Sect. 1,2,3,4 & 6 are to be enforced by Local Authorities.	1	8	8	-	-	1
(ii)Factories not included in (i) in which Sec.7 is enforced by the Local Authy.	2	43	40	2	-	2
(iii) Other premises in which Sec.7 is enforced by the Local Authy(excluding out-workers premises	3	4	7	-	-	3
TOTAL		55	55	2	-	

2. CASES IN WHICH DEFECTS WERE FOUND (P.T.O.)

2. CASES IN WHICH DEFECTS WERE FOUND. (If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars.	M/c line No.	Number of cases in which defects were found				Number of cases in which prosecutions were instituted	M/c line No.
		Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Want of cleanliness (S.1)	4	-	-	-	-	-	4
Overcrowding (S.2)	5	-	1	-	1	-	5
Unreasonable temperature (S.3)	6	-	-	-	-	-	6
Inadequate ventilation (S.4)	7	-	-	-	-	-	7
Ineffective drainage of floors (S.6)	8	-	-	-	-	-	8
Sanitary Conveniences (S.7) (a) Insufficient	9	-	-	-	-	-	9
(b) Unsuitable or defective	10	4	2	-	1	-	10
(c) Not separate for sexes	11	-	-	-	1	-	11
Other offences against the Act (not including offences relating to Outwork)	12	-	1	-	1	-	12
TOTAL	60	4	4		4	-	60

I should explain that sections 1, 2, 3, 4 and 6 of the Factories Act are enforced by the District Council only where no Mechanical Power is used. These Sections cover cleanliness, overcrowding, temperature, ventilation and drainage of floors.

Section 7, which deals with Sanitary Conveniences, is enforced by the District Council in all factories whether power is used or not.

Classified List of Factories in the Area 1954.

Bakehouses	3
Blacksmith	1
Brewery	1
Building Contractors	2
Building Sites	3
Cabinet Makers	2
Construction Company	1
Corn Millers	2
Fireclay Manufacture	1
Food Preparation	1
Garage and Motor Repairs	5
Gas Supply Undertaking	1
Grocery Warehouse	1
Joiners Shops	6
Laundry	1
Leather Tanning	2
Machine Tools	1
Malting	1
Mineral Water Manufacture	1
Pottery Manufacture	1
Plumbers Shops	2
Printing Works	1
Salvage Depot	1
Sheet Metal Worker	1
Suet Manufacture	1
Textile Manufacture	5
Textile Engineering	3
	51

Little time has been available for routine factory inspection this year, I am afraid, as the figures in table show.

Section 34, Factories Act 1937

This section places on District Councils the responsibility of seeing that suitable means of escape in case of fire are provided in factories. As I am the person responsible for enforcing this section, and as we inevitably ask the County Fire Service for advice on questions as to means of escape in case of fire, I am of the opinion that the Fire Service should be responsible for the enforcement of this Section. As a Sanitary Inspector I was never trained in this field of knowledge, whereas the Fire Protection Officer is; he is in daily contact with this sort of work and can specialise in it. Where human lives may be directly at stake, as in this matter, the control should be in the hands of those best fitted to deal with it. It is an outmoded piece of legislation which places this duty on district Councils of this size.

Disinfestation and Disinfection.

There is nothing spectacular to report under this heading in 1954. Our normal work carried on, insecticide and disinfectant being given out to the public to combat their minor troubles with the usual instruction of "Let us know if this doesn't cure the trouble". Of course, there is the odd case of confusion.

A man came to the office one day to complain of ants, and was given some chlordane/pybuthrin powder. He was back next day to say it was no use and was asked to bring a bottle for some fluid which he could paint on. This was no use either, and he began to voice his complaint farther afield. When his house was inspected it was found that the alleged ants were, in fact, Clover or Gooseberry mite. An aerosol pybuthrin spray fixed these, and instruction given to weed his paths and keep grass etc. from growing up to his house walls.

On several occasions advice has been given on the treatment of dry and wet rot, the most important thing here, of course, being to differentiate between the two.

With regard to verminous persons, we have had no call on our services this year. Presumably cases of Scabies are referred to Hospital Treatment Centres by their doctors and the school clinics deal with school children.

Routine disinfection after the more common infectious diseases, including Scarlet Fever, has been discontinued, but this service is still available on request.

Other Work.

During the year 28 blocked water closets, 35 blocked gullies and 44 blocked drains were cleared. No charge is made for this work as a rule owing to the urgency of cleansing public sewers and diagnosing defective drains.

Dealers in Old Metal.

Three persons are registered as such under the Public Health Acts Amendment Act 1907 - Section 86.

Pet Animals Act 1951.

We have no premises licensed under this Act.

West Riding County Council
(General Powers) Act, 1951

Section 120

Hairdressers

All the 11 hairdressers' premises in the area are now registered by the Council under the above statute. There are three premises catering for men and nine for ladies.

Byelaws for these premises were made and came into force throughout the area on 1st May, 1953.

The standard of cleanliness apparent on routine inspections is good. There is no doubt that the coming into force of the byelaws altered the outlook of one or two hairdressers.

Petrol (Consolidation) Acts 1928-1936

During the year 14 licences were renewed to store petroleum spirit, one licence lapsing following the destruction of the premises by fire. One new installation was licensed at the County Council's local depot yard. This gives a total of fifteen licensed stores, with a maximum capacity of 18,000 gallons. In addition up to 60 gallons are stored at the Queensbury Fire Station in cans, no licence being needed for this.

Rag Flock and Other Filling Materials Act 1951.

This Act came into force on 1st November 1951. Briefly it forbids the use of certain filling materials for upholstery, stuffing of bedding, toys, baby carriages etc. except on premises registered by the Local Authority. Premises where rag flock is manufactured or stored must be licensed.

Provisions are incorporated to prevent the sale of or use of unclean filling materials and regulations have been made prescribing standards or cleanliness.

There is one licensed manufacturer in the district, and during the year one upholsterers premises were registered.

A prosecution was brought against the manufacturer by the Birmingham Corporation for supplying unclean Rag Flock from unlicensed premises. Both the firm and I had forgotton the renewal of the licence at the beginning of the year. A nominal fine of £1 was imposed on this count, and on the unclean count. The sample on which the case was taken showed the chlorine content to be 50 p.p. 100,000. The sample was within the prescribed limits on the impurities, and oil and soap test.

Of particular interest was the defence put forward by the upholsterers concerned, that as they had purchased the material under the B.S.I. mark, this constituted the warranty required by the Act to be given with each batch of material purchased, and this warranty cleared them of any responsibility for the uncleanness of the material. The Stipendiary Magistrate held that the B.S.I. mark did not constitute the warranty required by the Act although he did rule that purchasing the material under warranty showed that the purchasers had exercised due diligence under Section 22(1).

I might explain that which at first appears to be a mystery. In the old days of Rag Flock, it was just rag flock. Then it was decided that it ought to be sterilised to render it clean- chlorine being a germ killer or oxidiser, the higher the percentage of residual chlorine the safer the material was reckoned to be. But, of course, chlorination, by itself, removed no dirt. If the material is washed to remove the dirt, so also is some of the chlorine content removed. So that, nowadays, a lower chlorine content is an index of the degree of washing the material has had, and an indication of the cleanliness, or freedom from dirt of the material.

That is why a low chlorine content is looked for, rather than a high one, and why the Regulations prescribed a maximum permitted content rather than a minimum.

All the samples I took during the year were satisfactory.

Rag and Bone Dealers (Section 154 of Public Health Act 1936)

I had no trouble with these during the year.

RODENT CONTROL.

During the year 54 premises were treated for rats and mice. Visits to these and other premises for inspection and survey numbered 303, excluding visits paid by the Rodent operator in treatments. 11 premises were infested with mice and 43 with rats, 129 baiting points being used, 85 bodies were found.

In the sewer treatments, 144 manholes were baited, with takes of poison at 17. Only one sewer treatment was done within the calendar year, but a second treatment is due in January 1955.

Charges made for treatment of non-domestic premises totalled £7:9:-d. "Warfarin" continues to be the method most preferred and certainly lowers the cost of treatments.

No notices were served under the Prevention of Damage by Pests Act 1951.

I hope to greatly extend the inspection of premises for rodent infestation now that I have Mr. Phillips appointed as General Assistant.

Rivers and Streams.

I have nothing to add to previous years comments.

Shops Act, 1950 - Section 38.

No action was taken under this section during 1954.

Schools

There are eight schools in the district, all of which have been visited. None was closed during the year for any reason. The sanitary conditions are continually improving - as an instance of which it should be stated that hot water is now generally available at lavatory basins in the schools. Closet accommodation has been greatly improved by the abolition of trough closets.

Smoke Abatement

The byelaws relating to the emission of smoke are in force in this area, and during the year 13 observations of 30 minutes each were taken. One excessive emission was observed and one caution issued.

The Council is a member of the National Smoke Abatement Society and takes great interest in the work. We are fortunate in having no colliery spoil banks in the area and our air pollution is mainly domestic.

Swimming Bath.

The premises in which is situated the only swimming bath in the district have been purchased by the Council and the bath, which was not opened in 1953 was re-opened for the summer of 1954. It was operated quite satisfactorily during the season and, since the water supply was changed from the private supply to the Council's main supply, previous troubles over the strong green colour, due, I believe, to variation in the pH value, have disappeared. The slipper baths at the same premises continue to supply a need locally.

Tents, Vans and Sheds

During the year one licence was granted for the use of a moveable dwelling. It would seem that our climate does not encourage the spread of this class of accommodation.

Staff.

The following staff are employed by the Health Department on outside work:-

Dustbin Collection — 3 men and 1 driver for 10 cubic yard Karrier

Ashpit collection Rodent control Drain clearing and investigation Health Department handyman	2 men 1 driver for 2 cubic yard Fordson
Spare man for bins, tip or salvage	1 man
Salvage sorting and baling	1 man
Refuse tip control	1 man
	10 men

Sanitary Inspection of District

Housing	
Application inspections	17
Housing Improvement Grant inspections	49
Overcrowding	4
Section 9 visits	44
Section 11 visits	48
Certificate of disrepair	11
Factories and Workshops	11
Milk	
Dairies	13
Milk distributors	32
Sampling	10
Food Premises	
Fish and chips	13
Preserved food	27
Butchers	34
Cafes	3
Bakehouses	15
Licensed premises	14
Ice cream shops	42
Slaughterhouses	118
General shops	9
Clean Food Campaign	52
Rodent Control	303
Infectious Disease	444
General Sanitation	
Pig sties	8
Water supply	6
Defective privies, pails, ashpits	10
Privies to W.Cs. inspection	18
Defective dustbins	54
Miscellaneous	8
Controlled tip and depot	116
Miscellaneous interviews & visits	912

Summary of Sanitary Improvements Effected.

Privies to W.C. conversions	6
Pails to W.C. conversions	4
Defective W.Cs. repaired	28
Additional W.Cs. provided for old property	26
Worn dustbins replaced	57
Defective wastepipes, traps and drains repaired	116
Drains reconstructed	25
Drains tested	92

Yard paving repaired	4
Roofs repaired	1
Eaves gutters repaired	11
Rainwater fallpipes repaired	11
Rainwater fallpipes disconnected from drain	2
Defective sinks replaced	6
Windows repaired	11
Walls repointed or repaired	2
Dampness abated	23
Dirty premises cleaned	4
Offensive accumulations cleared	42
Floors repaired	3
Plasterwork repaired	13
Doors repaired	12

Any man's death diminishes me because I am involved in Mankind, and therefore - never send to know for whom the bell tolls - it tolls for thee.

John Donne.